

TO:
Name: _____

FROM:
Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

RE:
Name: _____

The person listed above has indicated that he/she is receiving Workman’s Compensation. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Type of Pension: _____

Total Gross Monthly: \$ _____

Total Gross Pension Income expected for the next 12 months: \$ _____

Remarks (**please indicate any anticipated changes**): _____

Signature

Date:

Title

Phone

Fax

E-mail