

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.

IRA, Keogh, SEP Plan, etc.

Does the holder have access to the lump sum amount? YES NO

Type of Account: _____

Cash Value: \$ _____ Market Value: \$ _____

Is the tenant receiving periodic payments? YES NO

If yes, what amount: \$ _____ Frequency: _____

Is the retirement plan earning interest and/or dividends? YES NO

If yes, what amount: \$ _____ Frequency: _____

*Cash Value is the current value less the cost to turn the asset into cash.

Comments: _____

Signature of Authorized Representative: _____

Title: _____ Date: _____

Phone: _____ Fax: _____

