

RESIDENCY CERTIFICATION

(TO BE COMPLETED BY RESIDENT MANAGER)

Applicant Name: _____

Apartment Community: _____

Apartment Manager: _____

Manager's Office Phone: _____

Head of Household on Tenant Certification: _____

The Applicant _____ is listed on the **attached tenant income certification.**

(Print Name)

Signature

Date

Title, Name of Complex

Management Company

GOOD STANDING CERTIFICATION

(TO BE COMPLETED BY RESIDENT MANAGER)

Applicant Name: _____

Apartment Community: _____

Apartment Manager: _____

Manager's Office Phone: _____

Head of Household on Tenant Certification: _____

The Applicant _____ is currently in good standing.

(Print Name)

Signature

Date

Title, Name of Complex

Management Company