



Property Name: _____ **Unit:**

Applicants/Residents Name: _____

Hello:

Your employee or client has applied or is currently living at an affordable housing unit which is monitored by the City of Seattle, Office of Housing. The enclosed request must be completed in order to qualify your employee or client under the Office of Housing's income guidelines. Without this information, we cannot assist with their housing needs. Therefore, we will need your assistance.

Your employee or client has authorized you to disclose their information. Attached is an authorization and/or verification form signed by your employee or client. Please complete the lower half of the enclosed form and return it to the following email or fax:

IMPORTANT:

1. Please answer all questions; do not leave any blank fields.
2. Use "N/A" or "0" for questions you cannot answer.
3. Do not use the word "varies."
4. Please use only gross amounts.
5. If you need to change any information, please draw a line through the incorrect answer and provide the correct information with your initials.

Thank you for your assistance. If you have any questions, please feel free to contact me at

_____ .