

SHORE DRIVE APARTMENTS, INC.

3300 NE 36th Street

Fort Lauderdale, FL 33308

REQUEST FOR VERIFICATION OF INCOME

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

NAME OF VERIFYING AGENT _____

ADDRESS OF VERIFYING AGENT _____

The Applicants signed statement contains the following: "The Commissioner and Mortgagee may verify the statements contained herein by communicating with any firm or institutions named in this statement."

APPLICANT'S SIGNATURE _____

DATE _____

MORTGAGEE

CONNECTICUT GENERAL LIFE INSURANCE

ANNUAL INCOME:

OTHER REMARKS:

BASE PAY OF APPLICANT \$ _____

INCOME FROM STOCK \$ _____

INCOME FROM PENSION \$ _____

SOCIAL SECURITY \$ _____

WIFE'S INCOME \$ _____

INTEREST ON SAVINGS \$ _____

_____ \$ _____

_____ \$ _____

TOTAL INCOME \$ _____

Gentlemen: This Corporation would appreciate, in behalf of this applicant, the requested information to the left. This along with any additional information you wish to add below will be held in strict confidence. Please reply as soon as possible.

General Manager

This information is furnished to you in strict confidence in response to your request and is solely for use by you and the Federal Housing Administration in connection with the above application.

SIGNATURE OF VERIFYING AGENT _____

OFFICIAL TITLE OF VERIFYING AGENT _____

DATE _____