

Verification Cover Letter

Property Name: _____ Unit: _____

Applicant/Resident Name: _____

Dear Sir or Madam:

Your employee or client has applied or is living at an affordable-housing apartment community monitored by the Washington State Housing Finance Commission. The enclosed request must be completed in order to qualify your employee or client under the Commission's income guidelines. Without this information we cannot assist him/her with their housing needs. Therefore, we need your help.

Your employee or client has authorized you to disclose their information (see attached form). Please complete the lower half of the enclosed form that has been signed by your employee or client and fax back to: _____ or mail the original in the enclosed envelope.

IMPORTANT:

1. Please answer all questions; do not leave blank spaces.
2. For questions that you cannot answer, use the phrase "cannot disclose" or write "none" or "N/A."
3. Do not use the word "varies."
4. Please use only gross amounts.
5. If you need to change an answer please cross out the incorrect answer, write correct answer beside it and initial the change. **Do not use whiteout.**

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

Print Name