

TO: Name: _____	FROM: Name: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
RE: Name: _____	

The person listed above has indicated that he or she is receiving a pension. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy

Type of Pension \_\_\_\_\_

Total Gross Monthly \$ \_\_\_\_\_

Total Gross Pension Income Expected for the Next 12 Months \$ \_\_\_\_\_

Remarks: ***(Please indicate any anticipated changes.)*** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail