

Seasonal Worker Certification

(ALL seasonal workers must complete this form.)

Apartment Number: _____

Applicant / Resident Name: _____

Name of Employer: _____

Is your employment with this employer seasonal? YES NO

Please list the anticipated lay off period for this position:

During the lay off period:

1. I will receive unemployment benefits: YES NO

If YES please complete the following:

Estimated weekly benefits amount: _____ Estimated weeks received: _____

2. I have/will look for another job: YES NO

If yes please complete the following:

I anticipate earning \$ _____ per hour working _____ hours per week.

I anticipate working this job for _____ weeks.

3. I will receive gift income from family or friends: YES NO

If YES please complete the following:

Estimated weekly amount: _____ Estimated weeks gift will be received: _____

4. I will have zero income coming to the home: YES NO

If YES to #4 please clarify what sources of income you will be using to pay for rent and other necessities:

5. Other: YES NO

If yes to #5 (other) please explain:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

