

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 provide copy of previous year's tax returns or most current award letter.

2. I have another seasonal job: ☐ YES ☐ NO

Name of Employer: _____

Please list the anticipated lay off period for this position:

Please attach a copy of documentation from employer supporting this information or previous year's tax returns.

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

If YES please identify person(s) providing gift income:

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.

Applicant / Resident

Date