



Property Name: _____ Unit #: _____

Applicant/Tenant: _____

Name of Representative Payee: _____

Name of Financial/Payee Institution: _____

Account Number: _____

Current account statement (including all pages) must be attached to this form.

I, _____ receive SS / SSI / SSDI / Other income which is deposited into an account maintained by the above listed Representative Payee.

I, _____, do hereby certify that I:

- do** have access to the funds in this account. *Please note: if you **DO** have access to the funds, must include on the 50059.*
- do not** have access to the funds in this account. *Please note: If you do **NOT** have access to the funds, must NOT include on the 50059.*

Applicant/Resident Printed Name

Applicant/Resident Signature

Date

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our 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.