



REALIANT

Loss of income / Employment Verification

Tenant Name (as on the lease): _____

Rental Address: _____ Monthly Rent: _____

Lease Expiration date: _____

Employer: _____

Employer Address: _____

Phone: _____ Manager Name: _____

Manager Email / Phone: _____ Employment Position: _____

1. Is your Employer currently required to be closed due to COVID-19? : YES / NO

2. Were you a full time employee? : YES / NO

3. Have you been laid off? : YES / NO

4. If you haven't been laid off, how are you being affected? :

5. Have you filed unemployment and/or reach out for third party assistance? : YES / NO Details:

6. How much rent are you able to pay on time by the 5th of the month? _____

7. What date would you be able to pay rent in full by? _____

Disclaimer: All rents are due as agreed to in your lease agreement, this form does not waive any rents owed and any agreed upon due dates does not change the lease agreement. If you have been laid off we encourage you to file for unemployment ASAP. All situations are on a case by case situation, once this form has been filled out, return to management before the 5th with an explanation of when you will be able to pay rent. To qualify for a rent extension this form must be completed in full, confirmed and signed by your employer.

Tenant Signature: _____ Date: _____

Management Signature: _____ Date: _____