



Printing Company
Specialists in the Apartment Industry



www.apartmentforms.net

- **Large Selection of Stock Forms**
 - **Custom Brochure Design**
 - **Custom Forms Printing**
 - **Signage & Promotionals**
 - **Storage, Shipment, and Direct Billing to Communities**

For More Information E-Mail, Write, or Call Us:

Wood Printing Company

P.O. Box 152569 - Dallas, Texas 75315

1-800-327-4892

info@apartmentforms.net

PRODUCT LIST

- **Pegboard Systems**
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- **Floorplans**
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- **Thank You Cards**
- **Comment Cards**
- **Rent Rolls**
- **HUD Forms**
- **Award Certificates**
- **Move In / Move Outs**
- **Traffic Reports**
- **Memo Pads**
- **Equipment Records**
- **Utility Meter Cards**
- **Door Hangers**
- **Purchase Orders**
- **Receipt Books**
- **Reply Memos**

If it is *Printing* give us a call !



PRINTING CO.

Brochures • Design • Forms • Fulfillment • Promotions • Signage

Move-In Specials !!



Colorful Koozies
Starting at 95¢ each

Multi Color Bic Stick
Starting at 48¢ each



Thermal Color Mugs
Starting at 1.63¢ each



Quality Key Chains
Starting at 39¢ each

Many Other Specialty Items Available...Call For Information or Catalog !

WOOD Printing Company, Dallas, Texas 75215 • (214) 421-7393 • (800) 327-4892

20+ Year Member of Local Apartment Association

For More Information: www.apartmentforms.net



PRINTING CO.

Brochures • Design • Forms • Fulfillment • Promotions • Signage



Community Brochures or Floorplans
Starting at \$195.00

Quarry Oaks Apartments

3950 Evelyn Avenue
Rocklin, CA 95677

A Volunteers of  America Community

FIRST CLASS MAIL

Mailing Labels
Starting at \$89.00



Cross Creek Apts.

1001

Parking Labels & Decals
Starting at \$99.00

Call For Free Catalog !

WOOD Printing Company, Dallas, Texas 75215 • (214) 421-7393 • (800) 327-4892

20+ Year Member of Local Apartment Association

For More Information: www.apartmentforms.net

WARNING

For one or more of the Following reasons your car is subject to being towed away at your expense:

- Double Parked
- Mail Only
- Over time limit
- Head in Only
- Parked in reserved space
- Improperly Parked
- Parked in "No Parking" Zone
- Blocking entrance to building or driveway (Fire Dept. Regulation)

DATE: _____ TIME: _____ L.P.# _____

Red Flourescent Warning Labels



**Parking Permits - 1 Color
2" x 2" with Sequential #**

FREON RECOVERY

Condensing Unit _____ Refrigerator _____

Model # _____

Serial # _____

Freon Recovered YES _____ NO _____

Amount Recovered _____

Recovered By: Name _____

Title _____

Property Name _____

Date/Time of Recovery _____ / _____

Red Flourescent Freon Recovery Labels

BUSINESS FORMS

YOUR COMPANY NAME P.O. Box Street Address CITY, STATE, ZIP CODE Phone Number					PURCHASE ORDER 0001001 <small>THE NUMBER MUST APPEAR ON ALL CORRESPONDENCE, INVOICE, SHIPPING PAPERS AND PACKAGES</small>	
PLEASE ENTER OUR ORDER FOR THE FOLLOWING - TO BE SHIPPED AS DIRECTED						
DATE ORDERED	DATE WANTED	SHIP VIA	TERMS	F.O.B.		
QTY. ORDERED	QTY. RECEIVED	DESCRIPTION			UNIT PRICE	AMOUNT
CONDITIONS: ORDER IS SUBJECT TO OUR BROCKETT MAKE APPLICABLE IF SHIPMENT WILL BE DELAYED FOR ANY REASON ADVISE BY PHONE IMMEDIATELY NOTIFY US BY PHONE OR TELETYPE TO AVOID DELAYS. NOTE: SHIPPING CHARGES CAREFULLY AND IF UNABLE TO COMPLETE ORDER AS PER ORDER NOTIFY US PROMPTLY.						
BY _____						PURCHASING AGENT

POCC-704-3 Purchase Order 3-Part Carbonless (Imprinted)

PHONE MEMO	TO _____	DATE _____	TIME _____	AM PM
	FROM _____	AREA CODE - TELEPHONE NO. - EXT. _____		
	OR _____	EXTENSION _____		
	MESSAGE			
SIGNED _____				
<input type="checkbox"/> Answer <input type="checkbox"/> Call Back <input type="checkbox"/> Return Call <input type="checkbox"/> Reply <input type="checkbox"/> Memo to Me <input type="checkbox"/> Memo to Him <input type="checkbox"/> Memo to Her <input type="checkbox"/> Memo to All <input type="checkbox"/> Memo to Operator				
PHONE MEMO	TO _____	DATE _____	TIME _____	AM PM
	FROM _____	AREA CODE - TELEPHONE NO. - EXT. _____		
	OR _____	EXTENSION _____		
	MESSAGE			
SIGNED _____				
<input type="checkbox"/> Answer <input type="checkbox"/> Call Back <input type="checkbox"/> Return Call <input type="checkbox"/> Reply <input type="checkbox"/> Memo to Me <input type="checkbox"/> Memo to Him <input type="checkbox"/> Memo to Her <input type="checkbox"/> Memo to All <input type="checkbox"/> Memo to Operator				
PHONE MEMO	TO _____	DATE _____	TIME _____	AM PM
	FROM _____	AREA CODE - TELEPHONE NO. - EXT. _____		
	OR _____	EXTENSION _____		
	MESSAGE			
SIGNED _____				
<input type="checkbox"/> Answer <input type="checkbox"/> Call Back <input type="checkbox"/> Return Call <input type="checkbox"/> Reply <input type="checkbox"/> Memo to Me <input type="checkbox"/> Memo to Him <input type="checkbox"/> Memo to Her <input type="checkbox"/> Memo to All <input type="checkbox"/> Memo to Operator				

PM-101-2 Phone Memo Book 2-Part Carbonless -Spiral Bound

BUSINESS FORMS

SEND WHITE & PINK COPIES WITH CARBONS APART. WHITE COPY IS RETURNED WITH REPLY.

REPLY-MEMO RM-89

TO: _____ FROM: **WOOD PRINTING CO.**

DALLAS, TEXAS
1-800-327-4892

SUBJECT: _____ DATE _____

REPLY TO → DATE _____ BY _____

RETURN PART 1 TO SENDER WITH REPLY → BY _____

DETACH AND FILE FOR FOLLOW-UP

RM-89 Reply Memo 3-Part Carbon (Imprinted)

<p style="text-align: center;">TOHONA O'ODHAM HOUSING AUTHORITY P. O. Box 776 Sells, Arizona 85534</p> <p>RECEIVED FROM _____ DATE _____ 19__</p> <p>FOR _____ DOLLARS \$ _____</p> <p>Amount of Account \$ _____ Amount Paid \$ _____ <small>THANK YOU!</small> Balance Due \$ _____ CASH <input type="checkbox"/> CHECK <input type="checkbox"/> M.O. <input type="checkbox"/> <small>Form No. 179</small></p>	<p>41754</p>
<p style="text-align: center;">TOHONA O'ODHAM HOUSING AUTHORITY P. O. Box 776 Sells, Arizona 85534</p> <p>RECEIVED FROM _____ DATE _____ 19__</p> <p>FOR _____ DOLLARS \$ _____</p> <p>Amount of Account \$ _____ Amount Paid \$ _____ <small>THANK YOU!</small> Balance Due \$ _____ CASH <input type="checkbox"/> CHECK <input type="checkbox"/> M.O. <input type="checkbox"/> <small>Form No. 179</small></p>	<p>41755</p>
<p style="text-align: center;">TOHONA O'ODHAM HOUSING AUTHORITY P. O. Box 776 Sells, Arizona 85534</p> <p>RECEIVED FROM _____ DATE _____ 19__</p> <p>FOR _____ DOLLARS \$ _____</p> <p>Amount of Account \$ _____ Amount Paid \$ _____ <small>THANK YOU!</small> Balance Due \$ _____ CASH <input type="checkbox"/> CHECK <input type="checkbox"/> M.O. <input type="checkbox"/> <small>Form No. 179</small></p>	<p>41756</p>

1793 Cash Receipt Books 3-Part Carbonless

DOOR HANGERS



Stock Maintenance Door Hanger




Stock "Rent Due" Door Hanger



Stock Maintenance Door Hanger is available in Blue Stock with Black Ink. Stock "Rent Due" Door Hanger is available in White Stock with Red Ink.

Custom Door Hangers are available in the Stock Colors as indicated with Black Ink.

FLOORPLANS



A-1
538 Sq. Ft.
1 BDRM., 1 BATH

Price \$ _____ Deposit \$ _____

A-2
640 Sq. Ft.
1 BDRM., 1 BATH

Price \$ _____ Deposit \$ _____

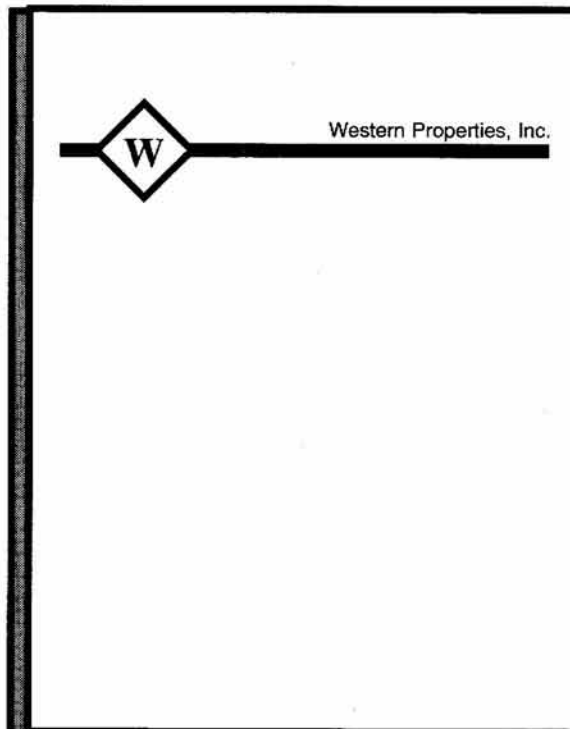
A-3
740 Sq. Ft.
1 BDRM., 1 BATH

Price \$ _____ Deposit \$ _____

II-1
930 Sq. Ft.
2 BDRM., 2 BATH

Price \$ _____ Deposit \$ _____

8 1/2 x 11 Brochure / Floorplans



9 x 12 Presentation Folders-Embossed or Foil Stamped with
Your Property Identification

PEGBOARD

**3 to Inch Pegboard
7851 Compact Tray
8511-25 Indexes (A-Z)**

6538-CD-S Dup. Journals

6529-S NCR Ledgers

6589-S Receipts (Printed Name & Number)

REPLACEMENT FORMS AVAILABLE FOR MOST SYSTEMS !

PEGBOARD

MAINTENANCE LOG

DATE	RESIDENT	APT NO	MAINTENANCE REQUEST DESCRIBE THRUOUT	TIME WRITTEN	TIME COMPLETE	COST	MATERIAL USED	COST	W.D. NUMBER	REMARKS

MAINTENANCE LEDGER

APT NO _____

DATE	RESIDENT	APT NO	MAINTENANCE REQUEST DESCRIBE THRUOUT	TIME WRITTEN	TIME COMPLETE	COST	MATERIAL USED	COST	W.D. NUMBER

MAINTENANCE WORK ORDER

REMARKS _____

Nº 141877

REPAIRED BY _____ ACCEPTED BY _____

"WOOD" Maintenance Work Order System

ABWB-1214 Pegboard
7111 Compact Tray
1111-25 Indexes (A-Z)

Maintenance Journals
Maintenance Ledgers

Maintenance Work Orders (Pre-numbered)

VERIFICATION FORMS

CHILD SUPPORT INCOME VERIFICATION

TO: _____ RESPOND TO: _____
 FE: _____
 SSN: _____

Dear Sir/Madam:

We are required to verify assets, income and certain expenses of all persons applying for admission to or being in Federally Assisted Housing. To complete this requirement, we ask you to complete this verification form and return it to the address specified on the enclosed Form R008. This information will be used only to determine eligibility to rent.

Your prompt return of this letter will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

I hereby authorize the release of this information.

Date: _____ Signature: _____

WARNING: SECTION 1021 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

NAME OF PERSON PAYING CHILD SUPPORT: _____

ADDRESS: _____

NAMES AND ADDRESSES OF THE CHILDREN FOR WHOM SUPPORT IS PAID: _____

AMOUNT OF CHILD SUPPORT PAID: \$ _____ | Week | Month | Year

REMARKS: _____

Is primary party? Yes No

Is not a US citizen? Yes No

REASON: Divorce No Divorce Other

DATE: _____ SIGNATURE: _____

PRINT NAME: _____ TITLE: _____

Wash/Trinity Co. Home - Official Cover - Return to File Form R001

Form R001
Child Support Income Verification

BANK VERIFICATION

TO BE COMPLETED BY BANK OR OTHER FINANCIAL INSTITUTION

TO: _____ RESPOND TO: _____
 FE: _____
 SSN: _____

Dear Sir/Madams,

We are required to verify assets, income and certain expenses of all persons applying for admission to or being in Federally Assisted Housing. To complete this requirement, we ask you to complete this verification form and return it to the address specified on the enclosed Form R008. This information will be used only to determine eligibility to rent.

Your prompt return of this letter will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

I hereby authorize the release of this information.

DATE: _____ SIGNATURE: _____

WARNING: SECTION 1021 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

ASSETS

Type of account	Account No.	Date Closed	Current Bal.	Interest Rate
Checking				
Savings				
CD				
Money Market				
IRAC/ROTH				
Other				

INCOME

TYPE OF DIRECT DEPOSIT	PAYABLE TO	FREQUENCY	AMOUNT
Social Security			
Pension			
Other			

Wash/Trinity Co. Home - Official Cover - Return to File Form R008

Form R008
Bank Verification

PUBLIC ASSISTANCE VERIFICATION

TO: _____ RESPOND TO: _____
 FE: _____
 SSN: _____

Dear Sir/Madam:

We are required to verify assets, income and certain expenses of all persons applying for admission to or being in Federally Assisted Housing. To complete this requirement, we ask you to complete this verification form and return it to the address specified on the enclosed Form R008. This information will be used only to determine eligibility to rent.

Your prompt return of this letter will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

I hereby authorize the release of this information.

Date: _____ Signature: _____

WARNING: SECTION 1021 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

REASON: Divorce No Divorce Other

DATE: _____ SIGNATURE: _____

Wash/Trinity Co. Home - Official Cover - Return to File Form R011

Form R011
Public Assistance Verification

SOCIAL SECURITY/SSI VERIFICATION

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

TO: _____ RESPOND TO: _____
 FE: _____
 SSN: _____

Dear Sir/Madams:

We are required to verify assets, income and certain expenses of all persons applying for admission to or being in Federally Assisted Housing. To complete this requirement, we ask you to complete this verification form and return it to the address specified on the enclosed Form R008. This information will be used only to determine eligibility to rent.

Your prompt return of this letter will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

I hereby authorize the release of this information.

DATE: _____ SIGNATURE: _____

WARNING: SECTION 1021 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

IF YOU RECEIVE MONTHLY PAYMENTS:

AMOUNT: \$ _____ TYPE OF BENEFIT: _____

DATE OF BENEFIT: _____

IF YOU HAVE OTHER PERSONS IN THE FAMILY RECEIVING BENEFITS, PLEASE LIST AS FOLLOWS:

NAME	AMOUNT	TYPE

APPROVED SIGNATURE: _____ DATE: _____

TITLE: _____ TELEPHONE NUMBER: _____

Wash/Trinity Co. Home - Official Cover - Return to File Form R012

Form R012
Social Security Verification

VERIFICATION FORMS

INCOME VERIFICATION

TO: _____ RESPOND TO: _____
 RE: _____
 SSN: _____

Dear Sir/Madam:

We are required to verify income and certain expenses of all persons applying for admission to or help in Federally Assisted Housing. To comply with this requirement, we request cooperation in providing the information requested regarding the information enclosed. This information will be used only to determine eligibility or cost.

Your prompt return of this letter will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

Property Manager in the interest of the organization.

DATE: _____ SIGNATURE: _____

WARNING: Section 102 of Title 18 of the U.S. Code makes it a criminal offense to make a false statement or misrepresentation of any material fact in order to obtain a Federal benefit.

- EMPLOYER INFO:** OCCUPATION: _____
 EMPLOYER: _____
- BASE PAY RATE:** \$ _____ / hour () / week () / month ()
 Average base or base pay rate: \$ _____ / week () / month ()
- OVERTIME:** Overtime pay rate: \$ _____ / hour () / week () / month ()
 Average overtime pay rate: \$ _____ / hour () / week () / month ()
- COMPLETION INFO:** Expected change number of hours worked to be worked per week during next 12 months: _____
 Specify for information on unit, SSN, etc.: _____
 For _____ unit, \$ _____ for _____
- Is pay received in vacation: _____ Number of days per year: _____
- Total Base Pay (average for last 12 months): \$ _____
- Total Overtime Pay (average for last 12 months): \$ _____
- Is employee eligible for earned income tax credit? Yes () No () If yes, list employer's address, who is the employer, and whether in credit: \$ _____ / week () / month ()
- Employee's full pay amount: \$ _____
- Employee (tenant) not eligible for admission by next 12 months if on or above the following date: _____ at the amount of \$ _____

Form R013
Income Verification

INTERVIEW CHECKLIST

WARNING: In order to qualify for income for the United States Department of Housing & Urban Development, we are required to verify income. To comply with this requirement, we are required to verify the information requested regarding the information enclosed. This information will be used only to determine eligibility or cost.

Your prompt return of this letter will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

Property Manager in the interest of the organization.

DATE: _____ SIGNATURE: _____

WARNING: Section 102 of Title 18 of the U.S. Code makes it a criminal offense to make a false statement or misrepresentation of any material fact in order to obtain a Federal benefit.

NAME	ADDRESS	ALTERNATE TO: (SEE INSTRUCTIONS)		ALL THE ABOVE?
		NAME	ADDRESS	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
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48				
49				
50				

PROPERTY MANAGER (SEE INSTRUCTIONS)

NAME: _____ ADDRESS: _____

DATE: _____ SIGNATURE: _____

WARNING: Section 102 of Title 18 of the U.S. Code makes it a criminal offense to make a false statement or misrepresentation of any material fact in order to obtain a Federal benefit.

Form R014
Interview Checklist

VERIFICATION OF HANDICAP OR DISABILITY

TO: _____ RESPOND TO: _____
 RE: _____
 SSN: _____

Dear Sir/Madam:

Special Federal assistance in Federally Assisted Housing is available for the 300,000 who are disabled or handicapped, under one or more of the following descriptions:

- Physical or mental impairment which is expected to be of long continuing and noticeable duration, substantially impairs the person's ability to live independently, and the ability to live independently could be improved by more suitable housing conditions.
- Inability to engage in any substantial gainful activity because of any physical or mental impairment which is expected to result in death or total disability or to last for at least twelve months.
- For a blind person at least 16 years old, inability to read or to write or to engage in any substantial gainful activity comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- A person whose disability which is attributable to a mental and/or physical impairment (as was indicated before age 22, (d) is able to continue to live independently, (e) results in substantial functional limitations in 2 or more of the following areas: capacity for independent living, self-care, mobility and extensive language, hearing, mobility, self-direction, and economic self-sufficiency, and (f) requires a special, extraordinary, or periodic care, treatment, or other services which are of long or indefinite duration and are substantially disabling and costly in nature.

We will appreciate your completing this verification on the reverse of this letter for the appropriate individual and returning this form in the enclosed self-addressed envelope. This information will be used for record keeping and used only for the purpose of establishing eligibility for these allowances.

Date: _____ Property Manager: _____

I hereby give my consent to the information requested here to be released as required.

Date: _____ Applicant/Resident Signature: _____

Yes () No ()

In my professional opinion, is handicapped or disabled under one or more of the descriptions listed below:

- Physical or mental impairment which is expected to be of long continuing and noticeable duration, substantially impairs the person's ability to live independently, and the ability to live independently could be improved by more suitable housing conditions.
- Inability to engage in any substantial gainful activity because of any physical or mental impairment which is expected to result in death or total disability or to last for at least twelve months.
- For a blind person at least 16 years old, inability to read or to write or to engage in any substantial gainful activity comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- A person whose disability which is attributable to a mental and/or physical impairment (as was indicated before age 22, (d) is able to continue to live independently, (e) results in substantial functional limitations in 2 or more of the following areas: capacity for independent living, self-care, mobility and extensive language, hearing, mobility, self-direction, and economic self-sufficiency, and (f) requires a special, extraordinary, or periodic care, treatment, or other services which are of long or indefinite duration and are substantially disabling and costly in nature.

Form R018
Disability Verification

VETERANS ADMINISTRATION BENEFITS VERIFICATION

TO: _____ RESPOND TO: _____
 RE: _____
 SSN: _____

Dear Sir/Madam:

We are required to verify income, income and certain expenses of all persons applying for admission to or help in Federally Assisted Housing. To comply with this requirement, we are required to verify the information requested regarding the information enclosed. This information will be used only to determine eligibility or cost.

Your prompt return of this letter will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call _____.

Cordially,

Property Manager in the interest of the organization.

DATE: _____ SIGNATURE: _____

WARNING: Section 102 of Title 18 of the U.S. Code makes it a criminal offense to make a false statement or misrepresentation of any material fact in order to obtain a Federal benefit.

- Periods of Active Duty: From _____ to _____
- Allowance for Subsistence or "Mileage": 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875

COMPUTER

YOUR CITY, USA 123 Your Street Any City, USA	First National Bank Anytown, USA	1001
PAY TO THE ORDER OF:	DATE	AMOUNT
YOUR CITY, USA		1001

Available in Colors
Blue, Brown, Green, Pink, Yellow
3 1/2 and 6 1/2 Depths Also Available

9 1/2 x 7 Computer Checks

Pt. 2 - Yellow
Pt. 1 - White

Computer Receipt Paper
9 1/2 x 5 1/2 Microperf

COMPUTER

	1001
	1001
	DATE AMOUNT
PAY TO THE ORDER OF: _____ _____	
	1001
Available in Colors Blue, Brown, Green, Pink, Yellow Top Panel Check Also Available	

8 1/2 x 11 Laser Computer Checks

RETAIN THIS PORTION FOR YOUR RECORDS REMOVE THIS STUB AT PERFORATION THIS IS YOUR RENT BILL ALL RENTS ARE DUE DO NOT SEND CASH - YOUR CANCELLED CHECK IS YOUR RECEIPT. PAY PROMPTLY-AVOID LATE CHARGES. INCLUDES PAYMENTS RECEIVED AS OF _____ AMOUNT DUE _____	PLEASE RETURN TO (PRINT) INTO INSURE PROGRESS CENTER RENT FOR MONTH OF _____ RENTAL AMOUNT \$ _____ ITEMIZED AMOUNTS \$ _____ PAST DUE AMOUNT \$ _____ LATE CHARGES \$ _____ TOTAL AMOUNT DUE \$ _____ TENANT NAME _____ RENTAL UNIT _____ PLEASE MAKE CHECK PAYABLE TO ↓ _____ DETACH STUB AT PERFORATION BEFORE INSERTING IN ENVELOPE
---	---

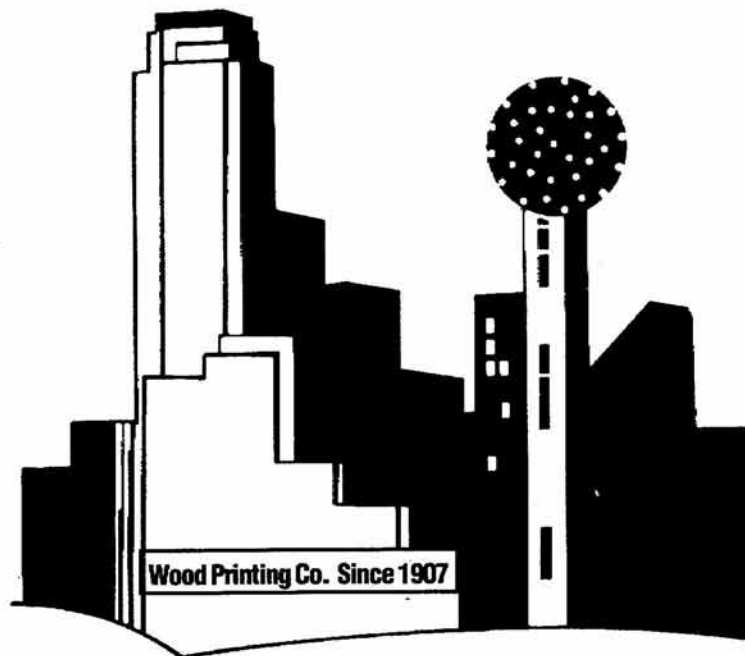
**AR1-301 Rent Bill
4Part Self-Mailer**

DEDICATION TO SERVICE

Wood Printing Company offers fast, courteous, and competitive full service printing and forms essential to the operation of your complex. We tailor these services to the unique needs of your business.

From Pegboard Systems and Property Stationery to Checks and Custom Brochure Design, Wood Printing Company does it all!

We are your full service printer in Texas and around the country. Whether you are new to the apartment industry or a seasoned professional, we have something to streamline your daily operation.



Printed on Recycled Paper • All Products Made in U.S.A.