

The Cypress Apartments

1011 Rosemarie Lane, Stockton, CA 95207
(209) 954-1010

REQUEST FOR RESIDENCY VERIFICATION

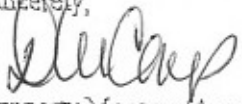
JONATHAN O LAM
 2119 30TH AVE
 SAN FRANCISCO CA 94116
 (415)-513-7788
Fax No.: _____ Telephone No.:

Date: 8/10/06
Re: WAI CHUN FUNG
Address: 2119 30TH AVE
SAN FRANCISCO, CA 94116

The above referenced individual has applied for housing at our apartment community, and has provided your name as a landlord reference. Please take a few minutes to fill out the form below and return it to us by fax or in the enclosed envelope, if you do not have a fax. This information is mandatory for evaluating the applicant's eligibility and will be kept strictly confidential. Thank you for your prompt attention to this matter.

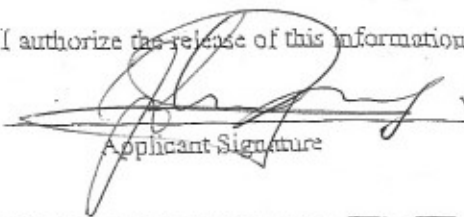
Sincerely,

I authorize the release of this information.


Property Manager/Agent

Date

8/10/06


Applicant Signature

TO BE COMPLETED BY CURRENT / FORMER LANDLORD:

- Resident(s) Name: WAI CHUN FUNG
- Address of unit rented: 2119 30TH AVE SAN FRANCISCO CA 94116
- Dates of Occupancy: From: 2004 JUN To: 2006 AUG
Housekeeping: Excellent Good Acceptable Poor
Rent Paid: On Time Late - How Many _____ Varied
- Did resident allow persons not on the lease to live in the unit? Yes No
- Did resident interfere with the rights of other residents? Yes No
- Were eviction proceedings ever begun against this resident? Yes No
If yes, what was the outcome? _____
- Did resident damage the unit or common areas? Yes No
- Upon vacating, was the security deposit refunded in full? Yes No
- If current resident, has Lease expired? Yes No
- (Please Circle One) I would / would not rent to this person again.

Signature of person completing form: Jonathan Lam

Printed Name JONATHAN O LAM

Date: AUG 18, 2006

Title: _____

Telephone No. (415)-513-7788

Professionally Managed by Evans Property Management, Inc.



The Cypress Apartments

1011 Rosemarie Lane, Stockton, CA 95207
(209) 954-1010

REQUEST FOR RESIDENCY VERIFICATION

X Tina Tom
X 679 Naples ST.
X San Francisco, CA 94112.

A (415) 239-6291
Fax No.: Telephone No.:

Date: 8/10/06.
Re: Bella So Wai Chu
Address: 679 Naples ST.

San Francisco, CA 94112.

The above referenced individual has applied for housing at our apartment community, and has provided your name as a landlord reference. Please take a few minutes to fill out the form below and return it to us by fax or in the enclosed envelope, if you do not have a fax. This information is mandatory for evaluating the applicant's eligibility and will be kept strictly confidential. Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
Property Manager/Agent

Date 8/10/06

I authorize the release of this information.

[Signature]
Applicant Signature

TO BE COMPLETED BY CURRENT / FORMER LANDLORD:

- Resident(s) Name: Chu Bella So Wai
- Address of unit rented: 679 Naples ST., San Francisco, CA 94112.
- Dates of Occupancy: From: Aug, 2003. To: Aug, 2006.
Housekeeping: Excellent Good Acceptable Poor
Rent Paid: On Time Late - How Many _____ Varied
- Did resident allow persons not on the lease to live in the unit? Yes No
- Did resident interfere with the rights of other residents? Yes No
- Were eviction proceedings ever begun against this resident? Yes No
If yes, what was the outcome? _____
- Did resident damage the unit or common areas? Yes No
- Upon vacating, was the security deposit refunded in full? Yes No
- If current resident, has lease expired? Yes No
- (Please Circle One) I would / would not rent to this person again.

Signature of person completing form: [Signature]

Printed Name Tina Tom

Title: _____

Date: Aug 17, 2006.

Telephone No. (415) 305-7339

Professionally Managed by Evans Property Management, Inc.



The Cypress Apartments
 Professionally Managed By Evans Property Management
 1011 Rosemarie Lane Stockton, Ca 95207
 (209)-954-1010 Phone****(209)-475-0438

EMPLOYMENT VERIFICATION

~~THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY EMPLOYEES~~

TO: (Name & address of employer) Mary Date: 8/10/06
211 Jefferson ST. Faxed To: _____
San Francisco, CA 94133.
 RE: CHU BELLA So WAI 607-56-6844 _____
 Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

[Signature] Signature of Applicant/Tenant Aug 10, 2006 Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

[Signature]
 Project Owner/Management Agent

The Cypress Apartments
 1011 Rosemarie Lane
 Stockton, Ca 95207

Return Form To:

~~THIS SECTION TO BE COMPLETED BY EMPLOYER~~

Employee Name: Chu Bella So Wai Job Title: Sales
 Presently Employed: Yes Date First Employed May 8, 2006 No _____ Last Day of Employment _____
 Current Wages/Salary: \$ 9.5 (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____
 Average # of regular hours per week: 40 Year-to-date earnings: \$ _____ through 1/1
 Overtime Rate: \$ 14.25 per hour Average # of overtime hours per week: 1-2 hrs.
 Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____
 Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____
 List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____
 If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____
 Additional remarks: _____

 Employer's Signature Mary Employer's Printed Name Aug. 16, 2006 Date
Golden Voyage 211 Jefferson Street, San Francisco, CA 94133.
 Employer (Company) Name and Address

 Phone # Fax # E-mail

NOTE: Section 1001 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.

Company	Location	Department	Employee	Check #	BELLA SO WAI CHU								
901-64160		1	4075	10052									
Check Date	5/26/06	Period	Beginning	Ending	Description	Type	Rate	Hours	OT	X	Current	Year to Date	
		BIWEEKLY	5/08/06	5/21/06									
3000, INC. DBA GOLDEN VOYAGE 423 BROADWAY # 518 MILLBRAE, CA 94030					Earnings								
					REG HOURS		9.5000	69.33				658.64	670.47
					REG HOURS		14.2500	0.83	1.50			11.83	
					TOTAL EARNINGS								
					Taxes								
					FEDERAL WITHHOLDING								
					SOCIAL SECURITY								
					MEDICARE								
					CA DISABILITY								
					TOTAL TAXES								
					Net Pay								
Bella So Wai Chu 679 Naples St. San Francisco, CA 94112					Home Lctn:		Home Dept:		1				
Withholding Tax Information													
Federal: S-02													
CA: H-00													

Company	Location	Department	Employee	Check #	BELLA SO WAI CHU								
901-64160		1	4075	10070									
Check Date	6/09/06	Period	Beginning	Ending	Description	Type	Rate	Hours	OT	X	Current	Year to Date	
		BIWEEKLY	5/22/06	6/04/06									
3000, INC. DBA GOLDEN VOYAGE 423 BROADWAY # 518 MILLBRAE, CA 94030					Earnings								
					REG HOURS		9.5000	63.08				599.26	1,269.73
												TOTAL EARNINGS	599.26
					Taxes								
					FEDERAL WITHHOLDING								
					SOCIAL SECURITY								
					MEDICARE								
					CA DISABILITY								
					TOTAL TAXES								
					Net Pay								
Bella So Wai Chu 679 Naples St. San Francisco, CA 94112					Home Lctn:		Home Dept:		1				
Withholding Tax Information													
Federal: S-02													
CA: H-00													

Company	Location	Department	Employee	Check #	BELLA SO WAI CHU								
901-64160		1	4075	10087									
Check Date	6/23/06	Period	Beginning	Ending	Description	Type	Rate	Hours	OT	X	Current	Year to Date	
		BIWEEKLY	6/05/06	6/18/06									
3000, INC. DBA GOLDEN VOYAGE 423 BROADWAY # 518 MILLBRAE, CA 94030					Earnings								
					REG HOURS		9.5000	60.17				571.62	1,842.49
					REG HOURS		14.2500	0.08	1.50			1.14	
					TOTAL EARNINGS								
					Taxes								
					FEDERAL WITHHOLDING								
					SOCIAL SECURITY								
					MEDICARE								
					CA DISABILITY								
					TOTAL TAXES								
					Net Pay								
Bella So Wai Chu 679 Naples St. San Francisco, CA 94112					Home Lctn:		Home Dept:		1				
Withholding Tax Information													
Federal: S-02													
CA: H-00													

Company	Location	Department	Employee	Check #	BELLA SO WAI CHU																
901-64160		1	4075	10106	Check Date	7/07/06	Period	Beginning	Ending	Description	Type	Rate	Hours	OT	X	Current	Year to Date				
3000, INC. DBA GOLDEN VOYAGE 423 BROADWAY # 518 MILLBRAE, CA 94030						BIWEEKLY	6/19/06	7/02/06	Earnings												
					REG HOURS		9.5000	76.00								722.00	2,564.49				
BELLA SO WAI CHU 679 NAPLES ST. SAN FRANCISCO, CA 94112					Home Lctn:		Home Dept:	1	Taxes												
					Taxes							FEDERAL WITHHOLDING	40.80	119.92	SOCIAL SECURITY	44.76	158.99	MEDICARE	10.47	37.19	CA DISABILITY
Withholding Tax Information					Federal: S-02							Net Pay									
CA: H-00												620.19							2,227.88		

Company	Location	Department	Employee	Check #	BELLA SO WAI CHU																
901-64160		1	4075	10126	Check Date	7/21/06	Period	Beginning	Ending	Description	Type	Rate	Hours	OT	X	Current	Year to Date				
3000, INC. DBA GOLDEN VOYAGE 423 BROADWAY # 518 MILLBRAE, CA 94030						BIWEEKLY	7/03/06	7/16/06	Earnings												
					REG HOURS		9.5000	76.42									725.99	3,302.31			
BELLA SO WAI CHU 679 NAPLES ST. SAN FRANCISCO, CA 94112					Home Lctn:		Home Dept:	1	Taxes												
					Taxes							FEDERAL WITHHOLDING	43.17	163.09	SOCIAL SECURITY	45.74	204.73	MEDICARE	10.70	47.89	CA DISABILITY
Withholding Tax Information					Federal: S-02							Net Pay									
CA: H-00												632.31							2,860.19		

Company	Location	Department	Employee	Check #	BELLA SO WAI CHU																
901-64160		1	4075	10145	Check Date	8/04/06	Period	Beginning	Ending	Description	Type	Rate	Hours	OT	X	Current	Year to Date				
3000, INC. DBA GOLDEN VOYAGE 423 BROADWAY # 518 MILLBRAE, CA 94030						BIWEEKLY	7/17/06	7/30/06	Earnings												
					REG HOURS		9.5000	76.25									724.38	4,030.25			
BELLA SO WAI CHU 679 NAPLES ST. SAN FRANCISCO, CA 94112					Home Lctn:		Home Dept:	1	Taxes												
					Taxes							FEDERAL WITHHOLDING	41.69	204.78	SOCIAL SECURITY	45.13	249.86	MEDICARE	10.56	58.45	CA DISABILITY
Withholding Tax Information					Federal: S-02							Net Pay									
CA: H-00												624.74							3,484.93		