

EMPLOYMENT VERIFICATION

		THIS SECTION TO BE COMPLETE	D BY APPLICANT		
TO:	(Name and address of employer)		Date:		
			Employer Fax Number:	umber:	
	-				
RE: _		Applicant/Tenant Name	<u> </u>		
. 1		**	•		
Apply	ring to rent property located at:	Addre	SS		
I herel	by authorize release of my employment in	formation.			
	Signature of Applicant/Tenant	_	Date		
	ndividual named directly above is an appl n confidential to satisfaction of that stated		equires verification of income. The information of scrucial and greatly appreciated.	tion provided will	
Sincer	rely				
	Property Manager				
		Return Form To:			
	_				
		HIS SECTION TO BE COMPLETE			
Emplo	oyee Name:	Job Title:			
Preser	ntly Employed: YesDate First Emplo	oyedNo	Last Day of Employment		
Curre	nt Wages/Salary: \$(circle one	e) hourly weekly bi-weekly semi-monthly	monthly yearly other		
Avera	ge # of regular hours per week:	Year-to-date earnings: \$	through/	_/	
Overti	ime Rate: \$per hour	Average # of overtim	e hours per week:		
Comn	nissions, bonuses, tips, other: \$	(circle one) hourly weekly bi-we	ekly semi-monthly monthly yearly other		
List ar	ny anticipated change in the employee's rat	te of pay within the next 12 months:			
If the	employee's work is seasonal or sporadic, p	lease indicate the layoff period(s):			
	ional remarks:	•			
ridani	Conditional Conditions				
	ila da Cianatan	Provide and D. C. 134			
Emp	ployer's Signature	Employer's Printed Name	Date		
		Employer [Company] Name and	Address		
		_			
	Phone	Fax	E-mail		