

Employment Verification

To: _____

Date: _____

_____ has applies for residency/ is a resident at _____ . As part of our processing, it is necessary that we obtain verification of his/her employment and anticipated **GROSS** annual income. The attached release and consent form authorizes the release of information regarding the applicant's employment and income.

Please complete the section below and return it in the enclosed self-addressed stamped envelope. (Please mail rather than have the above individual hand deliver.) Thank You in advance for your prompt attention.

Sincerely,

(Apartment Manager)

THE FOLLOWING TO BE COMPLETED BY EMPLOYER:

Anticipated Gross Income for the Next Twelve Months

Hourly \$ _____

Weekly \$ _____

No. of hours per week _____

Monthly \$ _____

Bi-Weekly \$ _____

Overtime: Average per \$ _____
Day

\$ _____
Week

\$ _____
Month

Tips, Commissions, Bonuses:

Average per \$ _____
Day

\$ _____
Week

\$ _____
Month

-or-

Total anticipated gross annual income for the next twelve months (including tips, bonuses, or overtime if applicable)

\$ _____.

Employer's Signature

Date

Title

Telephone

WARNING: 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 as to any matter within its jurisdiction