

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT

To: _____ Date: _____

Re: _____ Unit #: _____

Applicant/Tenant Name

I hereby authorize the above named management agent to make inquiries regarding my employment for the purposes of determining my eligibility for occupancy.

Applicant / Tenant Name Signature

Date

Applicant has applied for residency/is a resident at: _____

As part of our processing, it is necessary that we obtain verification of employment and anticipated GROSS annual income. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Please complete the section below and return it to: _____

Thank you,

Owner / Property Manager Signature

THE FOLLOWING TO BE COMPLETED BY EMPLOYER

Anticipated Gross Income for the Next Twelve Months

Employee's Name: _____ Job Title: _____

1. Employee works for me _____ hours per week at an hourly rate of \$ _____

2. Employee is paid: _____ Weekly _____ Bi-Weekly (26 times/year)

_____ Monthly _____ Semi-Monthly (24 time/year)

3. Average Overtime per week: _____ \$ _____

4. Average Tips, Commission, Bonuses per week: _____ \$ _____

5. Total anticipated gross annual income for the next twelve months
*Including wages tips, bonuses, commission or overtime. _____ \$ _____

Company Name: _____

Company Address: _____

Employer's Name: _____ Employer's Phone #: _____

Employer's Signature: _____ Date: _____

ORIGINAL SIGNATURE REQUIRED / ELECTRONIC SIGNATURE NOT ACCEPTED