

TELEPHONE EMPLOYMENT VERIFICATION

TO BE COMPLETED BY OWNER / MANAGER

Applicant/Tenant Name: _____ Date: _____

Address: _____

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

This form documents employer's verification of his/her employment and gross annual income.

Anticipated Gross Income for the Next Twelve Months

Employee's Job Title: _____

1. Employee works _____ 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 # : _____

Owner/Manager Signature: _____ Date: _____ Time: _____

ORIGINAL SIGNATURE REQUIRED / ELECTRONIC SIGNATURE NOT ACCEPTED