

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer)

Date: _____

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

SIGNED AUTHORIZATION IS SHOWN BELOW.

The individual named directly above is an applicant/tenant of a property 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.

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____
Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through __/__/____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

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	_____ Employer's Printed Name	_____ Date
_____ Employer's Title	_____ Employer [Company] Name and Address	
_____ Phone #	_____ Fax #	_____ E-mail