

VERIFICATION OF EMPLOYMENT

To whom it may concern:

_____ has applied for residency at _____ Community. As a part of our application process, it is necessary that we obtain verification of employment and anticipated gross annual income. Please complete this form and return it within two business days.

Sincerely,

Managing Agent

Date

Authorization

I hereby authorize _____ (Employer) to release the following information regarding my employment and compensation.

Name: _____

SS#: _____

Applicant Signature: _____ Date: _____

To be completed by Employer

Start date: _____

Position/Occupation: _____

Rate of pay: _____

Hours worked per week: _____

Bonus (If any): _____

Gross Annual Income: _____
(Yearly Income)

Employer Signature _____

Position/Title _____

Please print name here _____

Telephone number/ext _____ / ext# _____

PLEASE FAX TO: