

## **REQUEST FOR VERIFICATION OF EMPLOYMENT**

Name and Address of Applicants Employer:			Name of applicant:		
			Address:		
			Social Security Number:		
			Work Division or I.D. Number:		
To Employer: An application has been made by the above named applicant for residency in our apartments. The applicant has indicated that he (she) is employed by you, and would appreciate it if you would confirm this			I hereby give my approval for verification of my employment and salary status.		
employment in the space provided below.			Applicant Signature	Date	
EMPLOYER'S VERIFICATION					
Present Position	Date Hired	Date Hired Present Rate of Pay   Hourly \$		f Pay wk/yr	
Additional Compensation: (Actual Amounts received over the last twelve months)			Overtime \$   Commissions \$   Bonus \$   Tips \$		
Probability of continued employment:			Anticipated <u>Total</u> Income for the Next 12 Months:		
Military Service: If Applicant is in military service please report income on a monthly basis as follows:					
Base Pay \$; quarters & subsistence \$; flight or hazard duty allowance \$					nt or
Please return this form to:					
Colebrook Apartments			Employers Signature	Date	
8C Welsh Drive Lancaster, PA 17601			Title	Phone	
(717) 397-6411			Thank you for your assistance.		
(717) 397-5334 FAX <u>MistyJ@jcmliving.com</u>					
*THIS FORM MUST BE MAILED, FAXED OR EMAILED DIRECTLY FROM EMPLOYER.			Management Representative	1	Т Ш