

REQUEST FOR VERIFICATION OF EMPLOYMENT CONVENTIONAL PROPERTIES

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. Applicant Signature Date		
employment in the space provided below.			Applicant Signature	——————————————————————————————————————	
	ЕМ	PLOYER'S	VERIFICATION		
Present Position	Date Hired	Hourly \$ Weekly \$ Annual \$	Present Rate of PayX hrs/wk X wk/yrX wk/yr Per Year		
(Actual Amounts received over the last twelve months) Com Bon				Overtime \$ Commissions \$ Bonus \$ Tips \$	
Probability of continued employment:			Anticipated <u>Total</u> Income for the Next 12 Months:		
Military Service: If A	Applicant is in milita	ary service plea	ase report income on a m	onthly basis as follov	vs:
Base Pay \$hazard duty allowan	ce \$; quarters & 	subsistence \$; fl	light or
Please return this from to:					
Lindcrest Apartments			Employers Signature	Date	
1116 N Stiles St			Title	Phone	
Linden, NJ 07036 Phone: 908.986.2406 Fax: 908-486-916 lindcrestapts@jerseyc.com			Thank you for your assistance.		
			Management Representative		