

REQUEST FOR VERIFICATION OF EMPLOYMENT

Name and Address of Applicants Employer:			Name of applicant:		
			Address:		
			Social Security Number:		
To Employer:			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 employment in the space provided below.			I hereby give my approval for verification of my employment and salary status.		
			Applicant Signature		Date
EMPLOYER'S VERIFICATION					
Present Position	Date Hired	Hourly \$_	Present Rate of PayXhrs/wk Xwk/hr		
			X		
			Per Year		
Additional Compensation: (Actual Amounts received ov	Overtime \$				
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 \$					
Please return this form to:					
Highlands Nanuet			Employers Signature	Da	te
100 Avalon Gardens Drive			Title	Ph	none
Nanuet NY 10954 office@highlandsnanuet.com			Thank you for your assistance.		
			Management Representative		

