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 employment in the space provided below. | | | I hereby give my approval for verification of my employment and salary status. | | |
| | | | Applicant Signature | Date | |
| | EM | PLOYER'S | VERIFICATION | | |
| Present Position | Date Hired | Hourly \$ Weekly \$ Annual \$ | Present Rate of Pay X hrs/wk X wk/yr X wk/yr Per Year | | |
| Additional Comper (Actual Amounts receive | | lve months) | Overtime \$ Commissions \$ Bonus \$ Tips \$ | | |
| Probability of conti | inued employn | nent: | Anticipated <u>Total</u> Income for the Next 12 Months: | | |
| Military Service: If A | Applicant is in milita | ary service, ple | ease report income on a m | nonthly basis as fo | llows: |
| Base Pay \$hazard duty allowan | | | subsistence \$ | | ; flight or |
| Please return this fo | rm to: | | | | |
| Montclair Arms 115 Davey Street, #A Bloomfield, NJ 07003 973.339.6067 | | | Employers Signature | Date | |
| | | | Title | Phone | |
| | | | Thank you for your assistance. | | |
| | | | Management Representative | | |

