

## **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 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	Present Rate of Pay  Hourly \$ X hrs/wk X wk/yr  Weekly \$ X wk/yr  Annual \$ Per Year			
Additional Compen (Actual Amounts receive		lve 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 \$					; flight or
Please return this form to:					
Colebrook Apartments			Employers Signature	Date	
8C Welsh Drive			Title	Phone	
Lancaster, PA 17601 (717) 397-6411 (717) 397-5334 FAX office@colebrookapts.com			Thank you for your a		
*THIS FORM MUST BE MAILED, FAXED OR EMAILED DIRECTLY FROM EMPLOYER.			Management Representative		