

## **REQUEST FOR VERIFICATION OF EMPLOYMENT**

Name and Address of Applicants Employer:			Name of applicant: Address: Social Security 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.			Work Division or I.D. Number:I hereby give my approval for verification of my employment and salary status.Applicant SignatureDate	
EMPLOYER'S VERIFICATION				
Present Position	Date Hired	Hourly \$ Weekly \$ Annual \$	Present Rate of   X hrs/wk X   X wk/yr   Per Year	<b>f Pay</b> wk/yr
Additional Compensation: (Actual Amounts received over the last twelve months)			C	Overtime \$   Commissions \$   Bonus \$   ips \$
Probability of continued employment:			Anticipated <u>Total</u> Income for the Next 12 Months:	
<b>Military Service:</b> 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:				
Sunnyfield Gardens 343 Academy Terrace Linden, NJ 07036 T: 908.486.6008 office@sunnyfiledgardens.com			Employers Signature Title Thank you for your as	Date Phone sistance.
onice@sunitymedgardens.com			Management Representative	

