



REQUEST FOR VERIFICATION OF EMPLOYMENT

Name and Address of Applicants Employer: 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.		Name of applicant: Address: Social Security Number: Work Division or I.D. Number: 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 Compensation: (Actual Amounts received over the last twelve 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 \$ _____.			
Please return this form to: Sorrel Hill Apartments 1633A Judie Lane Lancaster, PA 17603 717-397-4777 info@sorrelhill.com *THIS FORM MUST BE MAILED OR EMAILED DIRECTLY FROM EMPLOYER.		Employers Signature _____ Date _____ Title _____ Phone _____ Thank you for your assistance. _____ Management Representative	

