

Employment Verification

To: _____

From: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

I have applied or I am currently a resident at the above noted Apartment Community. I am required to disclose and verify my income, income from assets and all other reasonable, anticipated income for the next twelve months. I would appreciate your cooperation in providing any Employment information to the above noted address.

Applicant/Resident Name

Social Security Number

Date of Birth

For Employer Use Only

1. Date Employment Began: _____
2. Position: _____
3. Hourly Wage: _____
4. Number of hours worked per week: _____
5. If hours worked per week are inconsistent, please provide an average: _____
6. Overtime Hourly Wage: _____ Overtime hours per week: _____
7. Number of weeks worked per year: _____
8. Anticipated increase or decrease in wage/salary in next 12 months: _____
9. Date increase/decrease to be effective: _____
10. Amount of tips, commission, bonus, other: _____ per year/month/week: _____
11. Does the employee receive vacation/sick pay: _____ yes or _____ no.
12. Are there any deductions for health insurance: _____ yes or _____ no How much per month? _____
13. Is payroll direct deposit? _____ yes or _____ no Or printed check? _____ yes or _____ no.
14. Additional Comments: _____

Signature: _____

Title: _____

Printed Name: _____

Date: _____

Phone #: _____

Fax #: _____

*If possible, please provide a print out of payroll amounts.

Note: If this is a HUD Financed property Individual Consent Authorization (FAM form #H004B) must be attached.