

**EMPLOYMENT VERIFICATION**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ has applied for residency/is a resident at \_\_\_\_\_ . As part of our processing, it is necessary that we obtain verification of his/her employment and anticipated GROSS annual income. The attached release and consent form authorizes the release of information regarding the applicant's employment and income.

Please complete the section below and return it in the enclosed self-addressed stamped envelope. (Please mail rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Sincerely,

\_\_\_\_\_  
(Apartment Manager)

**THE FOLLOWING TO BE COMPLETED BY EMPLOYER:**

**Anticipated Gross Income for the Next Twelve Months**

Hourly \$ \_\_\_\_\_  
No. of hours per week \_\_\_\_\_

Weekly \$ \_\_\_\_\_

Bi-Weekly \$ \_\_\_\_\_

Monthly \$ \_\_\_\_\_

Overtime: Average per \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Day Week Month

**Tip, Commissions, Bonuses:**

Average per \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Day Week Month Year

-OR-

Total anticipated gross annual income for the next twelve months (including tips, bonuses or overtime if applicable)  
\$ \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

( ) \_\_\_\_\_  
Telephone