

## Request for Verification of Employment

|  |                    |  |             |
|--|--------------------|--|-------------|
| <b>Name &amp; Address of Applicant's Employer:</b>   |                    | <b>Name of Applicant:</b>  |             |
|  |                    | <b>Address:</b>  |             |
|  |                    |  |             |
| <b>Phone Number:</b>   |                    | <b>Social Security Number:</b>   |             |
| To Employer:<br>An application has been made by the above named applicant for residency at Pine Ridge Apartments. The applicant has indicated that (s)he 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. |             |
|  |                    | <b>Applicant's Signature</b>   | <b>Date</b> |
| <b>Employer's Verification</b>   |                    |  |             |
| <b>Present Position:</b>   | <b>Date Hired:</b> | <b>Probability of Continued Employment:</b>                                    |             |
|  |                    |  |             |
| <b>Present Rate of Pay:</b>  |                    |  |             |
| Hourly Rate \$ _____ x _____ hours worked per week = _____.  |                    |  |             |
| Weekly Rate \$ _____ x _____ weeks worked per year.  |                    |  |             |
| Annual Income \$ _____.  |                    |  |             |
| Additional Compensation:<br>(Actual amounts received over past 12 months)  |                    |  |             |
|  |                    | Overtime   | \$ _____.   |
|  |                    | Commission   | \$ _____.   |
|  |                    | Bonus  | \$ _____.   |
|  |                    | Tips   | \$ _____.   |
| <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 \$ _____.  |                    |  |             |

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Job Title**

\_\_\_\_\_  
**Phone Number**

**Your response can be faxed back to: (616) 363-6264 Thank you for your assistance.**