[Management Company Letterhead]

EMPLOYMENT VERIFICATION

TO: (Name and address of employer)		Date:	
RE:			
RE: Applicant/Tenant Name		Social Security Number	
I hereby authorize release of my employment inform	ation.		
Signature of Applicant/Tenant		Date	
The individual named directly above is an applicant/require that we must verify income in order that the a The information provided will remain confidential to crucial and would be greatly appreciated.	anticipated gross income for	the next twelve months may be calculated.	
Sincerely,	RETURN THIS	Project name	
Project Owner/Management Agent	FORM TO:	Project address	
THE FOLLOWING SECTION TO BE COMPLE	ETED BY EMPLOYER		
Employee Name:		Job Title:	
Presently Employed: Yes Date Employed	No	Last Day of Employment	
Current Wages/Salary: \$ per: hour we	eek month year othe	r (circle one)	
Average # of regular hours per week:	Year-to-date earn	nings: \$ thru/	
Overtime Rate: \$ per hour			
Shift Differential Rate: \$ per hour Average # of shift differential hours per week:			
Commissions, bonuses, tips, other: \$ per: he	our week month yea	r other (circle one)	
List any anticipated change in the employee's rate of	pay within the next 12 mor	nths:	
Additional remarks:			
Employer's Signature	Employer's Printed Name		
	yer Company Name and Address		
Phone #	Fax #	 E-mail	

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

WARNING: