EMPLOYMENT VERIFICATION

To:	Date:	
Re:	Unit #:	
Applicant/Tena	nt Name	
Applicant has applied for resider	ncy/is a resident at:	
GROSS annual income. Informa purpose of determining eligibilit	ecessary that we obtain verification of employment ation provided will remain confidential and will be a y for occupancy. w and return it to:	used solely for the
1		
	Thank you, Owner / Property Manage	er Signature
RELEASE STATEM	MENT TO BE COMPLETED BY APPLICANT/	TENANT
Applicant / Tenant Name S	determining my eligibility for occupancy. Signature Date	
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THETOEE	OWING TO BE COMPLETED BY EMPLOYE	R
	OWING TO BE COMPLETED BY EMPLOYE icipated Gross Income for the Next Twelve Months	R
Anti	icipated Gross Income for the Next Twelve Months	
Employee's Name:		
Employee's Name:	icipated Gross Income for the Next Twelve Months Job Title: hours per week at an hourly rate of Weekly Bi-Weekly (26	times/year)
Employee's Name: 1. Employee works for me 2. Employee is paid:	icipated Gross Income for the Next Twelve Months Job Title: hours per week at an hourly rate of \$\frac{1}{2}\$ Weekly Bi-Weekly (26 Monthly Semi-Monthly	times/year) (24 time/year)
Employee's Name: 1. Employee works for me 2. Employee is paid: 3. Average Overtime per week:	icipated Gross Income for the Next Twelve Months Job Title: hours per week at an hourly rate of \$\frac{1}{2}\$ Weekly Bi-Weekly (26 Monthly Semi-Monthly \$\frac{1}{2}\$	times/year) (24 time/year)
Employee's Name: 1. Employee works for me 2. Employee is paid:	icipated Gross Income for the Next Twelve Months Job Title: hours per week at an hourly rate of \$\frac{1}{2}\$ Weekly Bi-Weekly (26 Monthly Semi-Monthly \$\frac{1}{2}\$	times/year) (24 time/year)
Employee's Name: 1. Employee works for me 2. Employee is paid: 3. Average Overtime per week: 4. Average Tips, Commission, B	Job Title:	times/year) (24 time/year)
Employee's Name: 1. Employee works for me 2. Employee is paid: 3. Average Overtime per week: 4. Average Tips, Commission, B 5. Total anticipated gross annual *Including wages tips, bonus	Job Title: Hours per week at an hourly rate of Semi-Monthly	times/year) (24 time/year)
Employee's Name: 1. Employee works for me 2. Employee is paid: 3. Average Overtime per week: 4. Average Tips, Commission, B 5. Total anticipated gross annual *Including wages tips, bonuse Company Name:	Job Title:	times/year) (24 time/year)

ORIGINAL SIGNATURE REQUIRED / ELECTRONIC SIGNATURE NOT ACCEPTED

WARNING: SECTION 1001 OF TITLE 18 U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAIN FEDERAL FUNDS.

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