

REQUEST FOR VERIFICATION OF EMPLOYMENT

EMPLOYER		APPLICANT	
Name		Name	
Address		Address	
Phone		SSN	
Fax		Applicant	
Supervisor		Signature	

To be filled out by Employer		
Present Position	Date Hired	Present Rate of Pay
		Hourly Rate _____ Hours per week _____
		Weekly Pay _____ Yearly pay _____
<i>Additional Compensation Over Past 12 Months:</i>		
Overtime: \$ _____		
Commissions: \$ _____		
Bonus: \$ _____		
Tips: \$ _____		
<i>Probability of Continued Employment</i>	<i>Anticipated TOTAL Income for Next 12 Months</i>	

Your response may be faxed to: Fountains Apartments
 (616) 957-0208 FAX
 (616) 957-3030 PHONE

 Management Representative

 Employer's Signature Date

 Title Phone

Thank You for your Assistance