

## REQUEST FOR VERIFICATION OF EMPLOYMENT

EMPLOYER		APPLICANT	
Name:		Name:	
Address:		Address:	
Phone:		Social Security Number:	
Fax:		Applicant Signature:	
Attn:		Date:	
TO BE FILLED OUT BY EMPLOYER			
Present Position	Date Hired	Present Rate of Pay	
		Hourly Rate \$ _____ /Hr	Hours/Wk _____
		Weekly Pay \$ _____	Yearly Pay \$ _____
<u>Additional Compensation Over The Past 12 Months:</u>			
Overtime: \$ _____			
Commissions: \$ _____			
Bonus: \$ _____			
Tip: \$ _____			
Probability Of Continued Employment		Anticipated TOTAL Income for the Next 12 Months:	
Your response may be mailed to:		Hidden Lakes Apartments 4260 Hidden Lakes Drive S.E. Kentwood, MI 49512	
Your response may also be faxed to:		<b>(616) 281-9374</b>	

\_\_\_\_\_  
Management Representative

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone