

**REQUEST FOR VERIFICATION OF EMPLOYMENT**

EMPLOYER: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

RETURN TO: Lakeview Apartments - Phone: 864-223-6285  
Fax: 864-223-4494

APPLICANT: \_\_\_\_\_

Applicant has applied for an apartment which requires verification of employment and income of applicant. The information requested is to be forwarded to us for confidential use by ourselves and the proper Housing Authority. Applicants signature hereon authorizes your disclosing the information.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

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Position: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Present Rate of Pay \$ \_\_\_\_\_ (hourly, weekly, monthly, annually)

No. Regular Hours Worked \_\_\_\_\_ No. Overtime Hours Worked \_\_\_\_\_

Additional Income \$ \_\_\_\_\_ (commission, bonuses, tips)

Probability of Continued Employment: \_\_\_\_\_

The above is furnished you in strict confidence in response to your request.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date and Phone

Additional Comments: _____ _____ _____ _____ _____
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\_\_\_\_\_  
Complete Address