

# Glenncove Apartment Townhomes

## Employment Verification

(Please sign—Form will be faxed to your employer to be completed)

Date: \_\_\_\_\_

**EMPLOYER Tel:** \_\_\_\_\_

To: \_\_\_\_\_

**EMPLOYER Fax:** \_\_\_\_\_

Attn: \_\_\_\_\_

**EMPLOYER Email:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Employee SS#:** \_\_\_\_\_

**Employee DOB:** \_\_\_\_\_

Your employee has applied to rent a property from our office. Please fill out the information below as completely as possible and fax back to Glenncove. Thank you for your help!

Date of Hire: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Current Position: \_\_\_\_\_

Full-time or Part-time, Permanent employee: \_\_\_\_\_

Weekly Gross Earnings: \_\_\_\_\_

YOUR PRINTED NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Applicant does hereby authorize property manager to verify all information contained on the application and conduct a full background check including but not limited to credit, bank account, employment, eviction, criminal background checks and authorize property manager to contact any persons or companies listed on the application. Applicant affirms that all information on this application is true, accurate, complete and correct and agree that if this is not so, my application may be denied and/or my lease will be held in default and may be subject to eviction.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_