

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: _____