

ATLANTA PEACH MANAGEMENT EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY ATLANTA PEACH MANAGEMENT

TO: _____ Date: _____

RE: _____
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

PLEASE SEE FRONT PAGE OF APPLICATION FOR SIGNATURE
Signature of Applicant/Tenant

DATE APPLICATION MADE
Date

The individual named directly above is an applicant/tenant for housing that requires verification of employment and income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.



Return Form To:

2047 GEES MILL ROAD STE. 225
Conyers, Georgia 30013
FAX: 678-954-8035

THIS SECTION TO BE COMPLETED BY THE EMPLOYER

Employee Name: _____ Job Title: _____
Presently Employed: Yes ___

Date First Employed _____ No ___ Last Day of Employment _____

Current Wages/Salary: _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Yearly- earnings: \$ _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____;
Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer's Title Employer [Company] Name and Address

Phone # Fax # E-mail