

EMPLOYMENT VERIFICATION

(MMR – A)

TO: _____

DATE: _____

RE: _____

**FROM: Foxfire at Valley Lakes Apartments
2121 Kyra Drive
Lafayette, IN 47909
Ph. (765)447.2121 Fax (765)447.8787**

In order to comply with our regulations requesting verification of all income, please complete the following information and return as soon as possible to the above address in the envelope provided. Thank you.

I hereby authorize release of any information requested by Monarch Management & Realty, Inc. or it's managers and agents regarding my income, assets and allowances.

Applicant/Resident Signature

Date

Social Security Number

TO BE COMPLETED BY EMPLOYER: [LEAVE NO LINES BLANK]

1. Date of Hire: _____
2. Has Employment been Continuous: _____
3. Rate of Pay: _____ per _____ {hour/day/week/month/year (circle one)}
4. Average regular hours worked per week: _____
5. Is Employment Seasonal? (Other than 52 weeks/year): yes / no If yes, how many weeks? _____
6. If Pay Rate is other than Salary, Rate of Overtime Pay: _____ per hour.
7. Average overtime hours per week: _____
8. Other compensation (Tips/Meals/Commission/Bonus/Etc.) _____ (estimated per week)
9. Anticipated date next raise expected: _____
10. Anticipated rate of increase: _____

REMARKS:

Signature of Person
Verifying Information: _____ Title: _____

Telephone: _____ Date: _____