EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

То:	(Name & Address of employer) Applicant/Tenant Name		Date:	
RE:			Social Security Number	Unit # (if assigned)
I hereby	authorize release of my employment information.		·	, ,
 Signatur	e of Applicant/Tenant	D	Pate	
	vidual named directly above is an applicant/tenant of confidential to satisfaction of that stated purpose only.		mpt response is crucial and great	
	Project/Owner/Management Agent Return Form To:		1195 SW Buchanan St., Ste 103 Topeka, KS 66604-4198 Phone: 785-232-1650 Fax: 785-232-3255	
	THIS SECTION TO BE COMPLETED BY EMPLOYER			
Employ	vee Name:		Job Title:	
Present	ly Employed: Yes Date First Emplo	oyed	No Last	Day of Employment
Current	Wages/Salary: \$ (circle one) h	ourly	weekly bi-weekly semi-mo	onthly monthly yearly other
Averag	e # of regular hours per week: Y	ear-to-da	ate earnings: \$	through/
Overtin	ne Rate: \$ per hour A	verage #	of overtime hours per week:	
Shift D	ifferential Rate: \$ per hour A	verage #	of shift differential hours per	week:
Commi	ssions, bonuses, tips, other: \$ (circle or	ne) hour	ly weekly bi-weekly semi	-monthly monthly yearly other
List any	anticipated change in the employee's rate of pa	y within	the next 12 months:	Effective Date:
If the e	mployee's work is seasonal or sporadic, please in	ndicate th	ne layoff period(s):	
Additio	nal remarks:			
	Employer's Signature E	mployer'	's Printed Name	Date
	Employer	(Compar	ny) Name and Address	
	Phone #	 Fax#		E-mail