EMPLOYMENT VERIFICATION

I hereby authorize the release of my employment information to Ashlea Gardens.

Applicants Name	Signature	Date

Do Not Write Below This Line- To be completed by leasing consultant or employer

Employment Verification for: _____

Social Security Number: _____

Company Name: _____

Employment Start Date: _____

Department/Title: _____

Yearly Gross Income: _____

Commissions: _____

Upcoming Pay Increase/Change: _____

Is Employment Likely to Continue: _____

Supervisor's Name/Title: _____

Human Resource or Supervisor's Signature: _____

Additional Comments: _____

_____

_____

*** Please fill in the above information and fax back to Ashlea Gardens at (717) 354-9758.**