EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED AND EXECUTED BY TENANT

TO：(Name & address of employer)

Date:

RE:

PrintApplicant/Tenant Name Social Security Number Unit # (ifassigned)

I hereby authorize the release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above has applied for a home in which the landlord requires verification of 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：

Newhouse Alliance Corp
Fax: 470-906-0401
manager@newhousealliance.com

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: Presently Job Title:

Employed: Currently Yes No____ Start Date Last Day of Employment

Wages/Salary:$ _____ (circleone) hourly weekly bi-weekly semi-monthly monthly yearly other

Average # of regular hours per week: Year-to-date earnings: $ through__/____/____

Overtime Rate: $ per hour Average # of overtime hours per week:

Shift Differential Rate: $ per hour Average # of shift differential hours per week:

Commissions, bonuses, tips, other: $ (circleone) 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 [Company] Name and Address

Employer'sTitle

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.