

LAKEPLACE APARTMENTS
777 South 30th Street
P.O. Box 2360
Heath, OH 43056
Ph: 740-522-CALL (2255)
Fax: 740-522-6748
Ken@PlazaGarden.com

EMPLOYMENT VERIFICATION

NAME OF APPLICANT: _____ SS# _____ - _____

Employer's _____ Date Employed: _____
Name and _____ Position: _____
Address: _____ Annual Income: _____
Phone: _____ No. Hrs./Week: _____

Probability of continued employment: _____

Other pertinent information: _____

Signature of person supplying information Date: _____

Please print your name

Position: _____
Phone: _____

TO THE EMPLOYER:

We respectfully request the above information be provided to assist us in evaluating the employee's application for tenancy at Lakeplace Apartments. The employee has signed below authorizing release of the information requested.

Manager, Lakeplace Apts. Date: _____

I request and authorize the release of the employment information requested by Lakeplace Apartments for their use in evaluating my application for residency at _____ Lakeview Dr. Apartment _____, Newark, OH 43055.

Employee's Signature Date: _____