

SOUTH BLUFFS

APARTMENTS

4 RIVERVIEW DRIVE WEST

MEMPHIS, TN 38103

PHONE: 901-522-9800

FAX: 901-522-9816

REQUEST FOR EMPLOYMENT VERIFICATION

TO: _____

DATE: _____

The person below has made application for apartment/housing rental with us. Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release their employment information. Your assistance in providing employment information will be sincerely appreciated. Thank You.

RE: Employment Name: _____

Current Address: _____

Social Security Number: _____

Date(s) of Employment: _____

REQUESTED BY:	TITLE:	PHONE:
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APPLICANT'S SIGNATURE(S)	DATE SIGNED:
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EMPLOYER'S COMMENTS

Dates of Employment: From: _____ To: _____

Position Held: _____

Gross Salary:\$ _____ or Wage\$ _____ per _____ Month _____ Week _____ Hour*

(*If on an hourly wage, please specify approximate number of hours worked weekly: _____ hours)

Other Comments: _____

SIGNATURE: _____ TITLE: _____ DATE: _____