

LAKEPLACE APARTMENTS  
777 South 30<sup>th</sup> 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.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Manager, Lakeplace Apts.

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.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Employees Signature