

Sycamore Square Apartments  
719-1 Patterson Road  
Dayton, Ohio 45419  
937.294.7780  
Fax 937.2944970

## EMPLOYMENT VERIFICATION

### TO BE COMPLETED BY APPLICANT ONLY

APPLICANT NAME: \_\_\_\_\_  
APPLICANT ADDRESS: \_\_\_\_\_  
APPLICANT SOCIAL SECURITY NUMBER \_\_\_\_\_ DOB \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE# \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

\_\_\_\_\_ HEREBY AUTHORIZE THE  
RELEASE OF REQUESTED INFORMATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### TO BE COMPLETED BY OFFICE/EMPLOYER ONLY

DATES OF EMPLOYMENT: \_\_\_\_\_  
RATE OF PAY HOURLY: \_\_\_\_\_  
HOURS WORKED PER WEEK: \_\_\_\_\_  
MONTHLY INCOME: \_\_\_\_\_ COMMISSIONS: \_\_\_\_\_  
OTHER INCOME: \_\_\_\_\_ SOURCE: \_\_\_\_\_

SIGNATURE OF PERSON COMPLETING THIS FORM: \_\_\_\_\_  
PRINT NAME AND TITLE: \_\_\_\_\_  
CONTACT NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_