THREE OAKS PROPERTIES LLC
EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY APPLICANT OR LEASE GUARANTOR

TO: (Name & full address of employer) Date: _____

_____

_____

_____

I hereby authorize release of my employment information to Three Oaks Properties LLC, its employees, officers and agents.

_____ _____
Signature of Applicant Date Print Name

Social Security #:_____

The individual named directly above has applied for rental housing or to act as Lease Guarantor for applicant with Three Oaks Properties LLC and is required to provide Verification of Income for purposes of qualification. Please complete the Employer Section of this form (below) and return via fax to: (734) 484-1601 or email to: 3OaksProperties@um.att.com. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is important and greatly appreciated.

Sincerely,

_____
Maggie Lamb/Property Manager

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY

Employee Name: _____ Job Title:_____

Presently Employed: Yes____ Date First Employed: (mm/dd/yy)_____ / No____ Last Day of Employment: (mm/dd/yy)_____

Current Wages/Salary: $_____ (circle one) 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: $_____ (circle one) hourly weekly bi-weekly semi-monthly monthly 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):_____

Is employee eligible for unemployment compensation? _____ Yes / _____ No If yes, how long?_____ How much?_____

Additional remarks: _____

_____ _____ _____
Employer's Signature Employer's Printed Name Date

_____ _____
Employer's Title Employer [Company] Name and Address

_____ _____ _____
Phone # Fax # E-mail

509 W. Forest Ave., #105, Ypsilanti, MI 48197 / Phone: 734.484.1600 / Fax: 734.484.1601 / Email: 3OaksProperties@um.att.com
Mailing Address: P.O. Box 981244, Ypsilanti, MI 48198 / Website: www.ThreeOaksProperties.com