



**Key Heights Village**  
11335 E. Fulton, Lowell, Michigan 49331  
Phone: 616.897.9749  
Fax: 616.897.9959

## REQUEST FOR VERIFICATION OF EMPLOYMENT

To Whom It May Concern:

\_\_\_\_\_ has applied for a lease at our community. To process their application, we are requesting your assistance to verify the following information. This authorization of release of information is good for one year.

### Applicant section:

\_\_\_\_\_  
Applicant Signature                      Printed Name of Applicant                      \_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Name of Company                      Supervisor's Name

(\_\_\_) \_\_\_\_\_  
Employer's Phone                      Employer Address

---

### Employer Use Only:

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_      Date of Hire: \_\_\_\_\_

Temporary:     No     Yes    If yes, anticipated last day? \_\_\_\_\_

Position: \_\_\_\_\_      Hours worked per week: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_      Annual Gross Income: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer                      Printed Name of Employer                      \_\_\_/\_\_\_/\_\_\_  
Date

---

*Please fax this verification to (616) 897-9959.*

*We appreciate your assistance.  
If you have any questions, please feel free to contact us at (616) 897-9749.*