

MADISON TOWERS
60 Presidential Plaza
Syracuse, New York 13202
Phone (315) 422-1714 Fax (315) 476-9637
www.madisontowers.net

APPLICANT EMPLOYMENT VERIFICATION

I give permission to Lend Lease Apartment Management to request the following information concerning my employment.

Applicant's Signature _____

Social Security # _____

Date _____

Dear Employer:

Your employee, _____, has applied for an apartment at Madison Towers. We would appreciate your cooperation in supplying the following information.

1. Name of Company: _____
2. Employee's gross annual income of current year (base) _____
3. Employee's gross per pay period _____ every _____
4. Year to date overtime for current year _____
5. Estimate of tips, commissions, bonuses for current year _____
6. How long has the above mentioned been in your employ _____
7. Possibility of future employment _____

Authorized Signature: _____

Title: _____

Date: _____