

EMPLOYMENT/INCOME VERIFICATION

This request for verification of employment or income information on the below referenced individual is part of the application approval process for residency in an apartment community managed by Wellington Advisors LLC.

I, _____ (_____)
Signature of Applicant Printed Name of Applicant
give permission for the information requested below to be released to
The Village of Meadowview for the purpose of application approval.

Company Name: _____

Applicant's position with company: _____

Dates of employment: From: _____ To: _____

Rate of pay: \$ _____ Yearly, monthly, weekly, hourly
(Circle one)

Average number of hours in work week: _____

Probability of continued employment: _____

Name and title of person verifying information: _____
(Please print title)

(Signature of person verifying information)

(Printed name of person verifying information)

Please fax back to (828) 264-5376.
Thank you!