Hudson Row Apartments
2633 South Rd Poughkeepsie NY 12601
845-240-1477

Employment Verification

Employer's Name & Address: _____

Phone #: ( ) _____

Fax #: ( ) _____

Employee Name: _____

I,_____, hereby authorize the release of any employment information.

_____ _____ _____

Signature **Date** **Social Security #**

Please complete the following information and return as soon as possible in the envelope provided. This information will be used to determine the applicant's eligibility for housing.

Please complete all information to the best of your ability.
Information should be projected for the next 12 months.

Position: _____

Date of Hire: _____

Annual Salary: _____

Other Commission / Bonuses: _____

Has employment been continuous? _____

COMMENTS: _____

_____

_____ _____ _____ _____

Signature of Source Title Date Phone #