Pleasant View Apartments 22 Nashawannuck Street Easthampton, MA 01027

Tel: (413) 528-3878 Email: mgmt@pleasantviewapt.com



RE:

Dear:

The name above has applied for an apartment at Pleasant View Apartments and has given your name as his/her present employer. The applicant has authorized, as indicated by his/her signature below, for you to release the following information. We would like to ask your cooperation by verifying his/her employment.

The individual listed above is employed: Curr	ently No Longer	Never
Date of Hire: Length of Emp	bloyment:	
Job Title: Average	Amount of Hours Worked Weekly	y:
Full-time	Part-time Temporary	/
Salary: \$	_Bonus/Commission: \$	
Do you expect continued employment? Are you aware of any reasons why this person may have any problems with paying for rental housing?		
Other Comments:		
Name of person completing this form		
Title of person completing this form		_ Date:
Please forward this employment verification to Laurel Ridge Apartments LLC, 24 Silver Street, Suite 101, Great Barrington, MA 01230, or email to mgmt@pleasantviewapt.com .		
Thank you for your anticipated cooperation.		
Sincerely, Betty Banker, Property Manager Laurel Ridge Apartments, LLC		
I to Laurel Ridge Apartments LLC.	, authorize my employer to relea	se the above information
Resident Signature	-	Date