

Hudson Row LLC
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 #