



EMPLOYMENT LETTER

The following information is necessary to accompany application made by me before apartment occupancy. This is my authorization to furnish the below requested information to Somerset Park Apartments.

APPLICANT'S NAME (PRINT): _____

APPLICANT'S SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____

TO BE FILLED OUT BY EMPLOYER:

EFFECTIVE DATE OF EMPLOYMENT: _____

MONTHLY AMOUNT OF GROSS SALARY/WAGES: _____

IS EMPLOYEE SUBJECT TO TRANSFER: _____

TRANSFERABLE AT WHAT INTERVALS: _____

EMPLOYER NAME/COMPANY: _____

COMPLETED BY: _____ DATE: _____

POSITION/TITLE: _____

Completed data must be returned within 2 days of application by fax or by regular mail to the address shown below:

Somerset Park Apartments
1911 Golfview Dr.
Troy, MI 48084
Fax: (248) 643-6501

Attn.: _____

Bldg. # & Apt. #: _____

Move-in Date: _____