



ECHO LAKEMOBILE HOME COMMUNITY
 825 West Greencastle Road
 Mooresville, IN 46158
 317-831-1090

EMPLOYMENT AND INCOME VERIFICATION

EMPLOYER _____ City/State _____

I have applied for an Home at Echo Lake and stated on my application that I am employed by you.

My signature below authorizes verification of this information.

Employee's name _____

Address: _____

Social Security Number _____

Applicant's Signature _____

TO BE COMPLETED BY EMPLOYER

Likelihood of continued employment GOOD UNKNOWN

Present Position Title _____

Current Base Pay \$ _____ Check ONE: hourly Weekly Monthly Annually

If hourly, please indicate the average number of hours worked weekly: _____

Hire Date _____ Year to Date Paid: _____

Employee is: ACTIVE Laid off at this time Termination Date _____

REMARKS:

Completed By: _____ PHONE _____

Your Position: _____ Date _____