



THE SAULET
Employment Verification

1420 Annunciation St., New Orleans, LA 70130

Phone: (504) 586-9800

Please Fax Back to (504) 586 – 9064

Date: _____	Social Security Number: _____
Applicant Name: _____	
Address: _____	
City/State/Zip: _____	
Signature: of Applicant/Employee: _____	

Your above named employee has applied for residency at The Saulet. As part of the application process, it is necessary for us to obtain written verification of all anticipated present and future GROSS monthly income and employment.

Thank you for your cooperation in this matter.

THE FOLLOWING IS TO BE COMPLETED BY THE EMPLOYER:

Anticipated gross monthly income: _____

DATE: _____

COMPANY NAME: _____

APPLICANT'S POSITION/TITLE: _____

LENGTH OF EMPLOYMENT: _____

EMPLOYER'S SIGNATURE: _____

TITLE: _____

CONTACT PHONE (DAY): _____

***** Please include tip, bonuses, commissions, anticipated raises, and other income.*****