## REQUEST FOR VERIFICATION OF EMPLOYMENT

TO:	Autority and the state of the s		
DATE: 6/14/18	*		
[			
The person named below has made as having currently or formerly empl has authorized you to release their please list all income the employee Your assistance in providing this info	loyed this person. The apprendiction of the apprendiction of the apprendiction of the apprendiction will be greatly apprendiction of the apprendiction of th	plicant, by his/her signature To accurately determine a for the next 12 calendar reciated. Thank you.	e below eligibility
Employee's(Name)	lacker Ir.		
Employee's (Address) (City, State, Zip Code)	nguil Are. , MD. 2121	5	
Employee's Social Security Number	220-23-1	259	
	AUTHORIZATION OF TH the release of my employs Date(S		
THIS SECTION IS TO	D BE COMPETED BY	THE EMPLOYER	
Department or Branch:			
Date(s) of Employment (from)		o)	
Gross Salary/Wage			
If hourly indicate rate of pay per hr	and number of h	rs worked per week	
Please list all Additional Income the months. This would include bonuses,	employee is anticipated to overtime, tips, and commis	receive for the next 12 ca	lendar
Signature of Employer	Title	Date	
Please Return This Form To:	Alicia Darensbourg PO Box 6595 Upper Marlboro, MD 2 Direct: 301-518-3774	0792	

Email: adarensbourg@hotmail.com