



600 Magnolia Street  
Spartanburg, SC 29303  
Phone: 864-308-1659  
Fax: 864-308-8967  
thebricklofts@gmail.com

## INCOME VERIFICATION

\*Applicant Name: \_\_\_\_\_

\*Employer: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

Name of person giving information: \_\_\_\_\_

Title of person giving information: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Date Employment Began: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Current Annual Salary- Including Overtime, Tips, Bonuses and  
Commissions:

\_\_\_\_\_

Please release my information for residency

\_\_\_\_\_  
\*Applicant Signature

\_\_\_\_\_  
\*Date

\*Applicant to fill out.