

Employer

VACANCY BUSTERS, LLC

NEW HAVEN OFFICE
780 STATE STREET
NEW HAVEN, CT 06511
(203) 865-RENT * FAX (203-789-8905
www.vacancybusters.com

TO WHOM IT MAY CONCERN:

RE: _____ DATE: _____

The above applicant has filed an application for an apartment with our company. In order to process an application, we require the following information.

EMPLOYER _____

ADDRESS _____

PHONE _____

LENGTH OF EMPLOYMENT _____

PRESENT POSITION _____

ANNUAL EARNINGS _____

EMPLOYEE'S SOCIAL SECURITY # _____

OTHER REMARKS _____

AUTHORIZED SIGNATURE _____ POSITION _____

If you have any questions, please contact me at 203-865-RENT during business hours. I appreciate your prompt attention. Thanking you in advance for your cooperation.

Very truly yours,
Vacancy Busters
Frances K. DeMaio
Owner/Broker

****APPLICANT: PLEASE RETURN THIS FORM ALONG WITH A COPY OF YUR LAST PAY STUB.
THANK YOU.**