

Employment Verification Form

We would appreciate your cooperation in providing us with the **Employment Verification Information** for one of your past or present employee. This information is required as a part of our application approval process.

Thank you for your cooperation.

PART I: To be completed by Tenant

Tenant's Name	Employee ID # <u>OR</u> SSN	Authorization to Release Information I, _____, give my permission to the requester to obtain & verify this information.
Tenant's Address	City Zip Code	
Tenant's Signature Date		

PART II: To be completed by Employer

Employer	
Position	

Does Employee have Re-employment rights for

Sick Leave

Maternity Leave

Salary	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$	
	Overtime	\$	
	Bonus or Commission	\$	
	How Paid (EFT, Check, etc.)		

If Applicant is in Military Service please report income on a monthly basis as follows:

Base Pay	\$
Quarters and Subsistence	\$
Flight or Hazard Allowance	\$

Probability of Continued Employment (describe):

Comments: _____

Employer's Signature	Date	Point of Contact (Name)
Employer's Name (print)	Daytime Telephone	Fax
Employer's Address		
		City
		Zip Code

Please Return to: Fax: 530-325-3954 rent@danlong.com	DAN LONG 649 STARSTONE DR LAKE MARY
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