

EMPLOYMENT VERIFICATION FORM

- This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. **Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)**

TO BE COMPLETED BY APPLICANT

1. Authorization by rental Applicant for the release of information

I hereby authorize the release of the information requested on this Employment Verification Request to the Owner/Agent listed below. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.

Name _____ Phone number (_____) _____

Signature _____ Date _____

TO BE COMPLETED BY OWNER/AGENT

2. Person requesting the employment reference

Name of Owner/Agent Santa Barbara Luxury Apartment Homes

Address 606 S. Riverside Ave. Unit # _____

City Rialto State CA Zip 91730

Phone number (909) 990-0562 Fax number (909) 542-3660

3. Applicant's employment information:

Present **OR** Prior Occupation (check one)

Employer Name _____

Employer Address _____

City _____ State _____ Zip _____

Supervisor's/HR Manager's Name _____ Employer/HR Phone number (_____) _____

Beginning and Ending Dates of Employment _____

Current Gross Income (if applicable) \$ _____

TO BE VERIFIED BY CURRENT OR FORMER EMPLOYER

4. Employment information verification

Is the information provided in Section 3 above correct?

Employer Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor's/HR Manager's Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer/HR Phone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beginning and Ending Dates of Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Gross Income (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Verification provided by:

Name: _____

Title: _____

Phone: (_____) _____

If No, please explain: _____

Verification obtained by:

Phone Mail Fax

