

INCOME / EMPLOYMENT VERIFICATION REQUEST

Authorization to release information to:

Shade Tree Estates & Maple View Ct

Debbie & Tom Minnich

920-427-8383

W2234 GENTRY DR #4/OFC

Assistant Manager: Ameer Davis @ 920-427-8307

Fax: 920-482-5774

Applicant ~ SIGN BELOW ONLY! ~ DO NOT FILL OUT ~ FOR OFFICE USE ONLY!

Applicants Name: _____ **Dept /Title:** _____

Employer #1: Company Name: _____

Start Date of Employment _____ **Position & Title:** _____

End date of employment (if applicable): _____

Permanent Part-time Full-time Hourly Salary

Average hours per week _____ **Wages:** per hour/month or year: _____

Verifiers Name: _____ Position: _____

Verifier's Signature: _____ Date: _____

New Employer #2: Company Name: _____

Start Date of Employment _____ **Position & Title:** _____

End date of employment (if applicable): _____

Permanent Part-time Full-time Hourly Salary

Average hours per week _____ **Wages:** per hour/month or year: _____

Verifiers Name: _____ Position: _____

Verifier's Signature: _____ Date: _____

Applicant Sign below and Return with your Application

By signing below, applicant authorizes the release of ALL of the above information requested and asks for a cooperative and immediate response to the Shade Tree Estates and/or Maple View Ct, Associates staff.

Signature: _____ Date: _____

PRINT NAME: _____ Date: _____

LANDLORD/TENANT VERIFICATION

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Applicants Name: _____ **Apt:** _____

PRESENT HOUSING REFERENCE Management / Property Name: _____

Applicants Address: _____ **Lease began:** _____ **End:** _____

Have you received proper notice to Vacate? _____ **How many days notice is required:** _____

Was all rent paid on time? Yes No If NO, how many times late? _____

Were there any NSF checks issued? Yes No **If yes how many?** _____

Were there, any lease violations or warnings issued for anything other than non-payment of rent?

Yes No If yes, please explain _____

Did they have any pets, if so what kind(s) & how many? Cat(s)____ Dog(s)____ Bird(s)____

Other:_____ Any Issues please comment: _____

Would you re-rent to this person(s)? Yes No **Comments:** _____

Are there an Eviction(s) pending and or Rent/damages owed: Yes No

Comments: _____

Verifier's Name and Title: _____

Verifier's Signature: _____ **Date:** _____

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PRINT NAME: _____ **Date:** _____