



## EMPLOYMENT VERIFICATION

### THIS SECTION TO BE COMPLETED BY MANAGEMENT AND/OR APPLICANT

EMPLOYER: \_\_\_\_\_ Date: \_\_\_\_\_

RE: \_\_\_\_\_  
Applicant Name Last 4 of SS# Unit # (if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant Date

The individual named directly above is applying for a residence managed by Rental Management One, LLC and verification of income is required. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Return form to: Fax \_\_\_\_\_  
Email: \_\_\_\_\_  
US Mail: \_\_\_\_\_

\_\_\_\_\_  
RMO Representative

### THIS SECTION TO BE COMPLETED BY EMPLOYER

Current position: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

**Current** Wages/Salary: \$ \_\_\_\_\_ (circle one)  
Hourly Weekly Bi-weekly Semi-monthly Monthly Yearly Other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ from: \_\_\_\_/\_\_\_\_/\_\_\_\_ through: \_\_\_\_/\_\_\_\_/\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (Circle one)  
Hourly Weekly Bi-weekly Semi-monthly Monthly Yearly Other \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature Employer's Printed Name Date

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone # Fax # E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**RMO OFFICE USE ONLY - CONFIRMATION**  
Contacted: \_\_\_\_\_ via Phone Email (circle one)  
Date: \_\_\_\_\_  
RMO Representative: \_\_\_\_\_