

DV PROPERTY MANAGEMENT LLC
Rental Management Group

EMPLOYMENT VERIFICATION REQUEST

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize all third parties indicated on my application to furnish the information requested below. I release all third parties, their officers, agents, and employees from any and all liability associated with such disclosure of the requested information.

Applicant Name: _____ **Social Security Number:** _____

Applicant Signature: _____ **Date:** _____

TO: (COMPANY) _____
Attn: _____ Date: _____ Phone #: _____ Fax #: _____
The applicant identified above has applied with <u>TWELVE TWELVE ON SOUTH MICHIGAN APARTMENTS</u>. The applicant listed you as a Reference. Please fill in the "Third Party" information requested below that applies to you and return to the attention of the <u>LEASING OFFICE</u> via fax at 312-461-0217. If you have any questions please call us at 312-461-1110.

Office Use Only

Please circle the applicants Employment Status Completed by Third Party Employer Only	
CURRENT	PREVIOUS
Does SSN match? ____ Applicant's Position: _____ Full Time: ____ Part Time: ____ Permanent: ____	
Temporary: ____ Hourly Rate: \$ _____ Hours Per Week: _____ Annual Salary: \$ _____	
Overtime: _____ Commission: _____ Start Date: _____ End Date: _____	
Verified by: _____ Title: _____ Signature/Date: _____	

Comments: _____

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