



Employment Verification Request Form

I _____ authorize my employer to release information about my employment to Greene Property Management regardless of my employment status. The policy of Greene Property Management, LLC is to verify dates of employment, title, and salary only.

Employees Signature: _____ Date: _____

To be filled out by the employer.

EMPLOYEE'S NAME		EMPLOYERS NAME				
EMPLOYEE'S JOB TITLE		EMPLOYERS ADDRESS				
START DATE		END DATE				
AVERAGE HOURS PER WEEK	RATE OF PAY OR SALARY		Has job ended <input type="checkbox"/> No <input type="checkbox"/> Yes When & why?			
Pay frequency: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> two times per month <input type="checkbox"/> monthly						
Actual gross income (or attach payroll printout) for last three months:						
MONTH: \$	MONTH: \$	MONTH: \$				
Actual gross income of current month and anticipated gross income for next two months:						
CURRENT MONTH: \$	MONTH: \$	MONTH: \$				
Tips	<input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often/how much?	_____				
Commissions	<input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often/how much?	_____				
Bonuses	<input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often/how much?	_____				
Overtime	<input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often/how much?	_____				
Work schedule (include exact times when possible):						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
EMPLOYER/REPRESENTATIVE'S SIGNATURE					DATE	
EMPLOYER/REPRESENTATIVE'S PRINTED NAME AND TITLE					PHONE NUMBER	

Thank you for your help. Please forward this form to:

Greene Property Management, LLC
307 E. New York Avenue, Deland, Florida 32724
O) 386-734-2200 F) 386-734-2229 Info@GreeneRealtyFlorida.com