



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: ☐ daily ☐ weekly ☐ every two weeks ☐ two times per month ☐ monthly

Actual gross income (or attach payroll printout) for the last three months:

MONTH: \$	MONTH: \$	MONTH: \$
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Actual gross income for the current month and anticipated gross income for the next two months:

CURRENT MONTH: \$	MONTH: \$	MONTH: \$
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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
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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
102 S Woodland Blvd., Deland, Florida 32720
O) 386-734-2200 Info@GreeneRealtyFL.com