

Reynolds Management, Inc.

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Mailing: P.O. Box 273 • Jackson, MI 49204-0273
(517) 787-1889 • Fax: (517) 787-1888
Website: rentalhomesbyrmi.com

EMPLOYMENT VERIFICATION FORM

- This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. Please mail or fax this form to the person listed in section 2 as soon as possible (within 24 - 48 hours).

TO BE COMPLETED BY APPLICANT

1. Authorization by rental Applicant for the release of information I hereby authorize the release of the information requested on this Employment Verification Request to the Owner/Agent listed above. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.

Name _____ Phone number () _____

Signature _____ Date _____

Request for Verification of Employment

TO: _____ RE: _____

S.S. # xxx-xx-_____

Authorization Above

2. Requested by: Dawn Hein, Leasing Administrator on: _____ / _____ / _____ Fax: 517-787-1888

Or Email: dawn@rentalhomesbyrmi.com

Please feel free to contact our office if you have any questions

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PLEASE COMPLETE THE FOLLOWING INFORMATION:

- 1) Date of Employment: _____
- 2) Present Position: _____
- 3) Probability of Continued Employment: _____
- 4) Current Gross Monthly Income: _____
- 5) Remarks/Comments: _____

Signature of Representative completing this form: _____

Date Completed: _____ Telephone Number: _____