

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 2. Copies of this form and of the Applicant's signature are acceptable.
- The Applicant may be contacted to verify the authenticity of this request.

1. Person requesting the employment reference

Name of Owner/Agent Sylvan Square Apartments
Address 750 Sylvan Avenue Unit # _____
City Mountain View State CA Zip 94041
Phone number (650) 961-4630 Fax number (650) 961-4697

2. 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 _____

3. Applicant's employment information:

- Present OR Prior Occupation (check one)

Employer Name _____
Employer Address _____
City _____ State _____ Zip _____
Supervisor's Name and Phone Number _____ Phone number (_____) _____
Beginning and Ending Dates of Employment _____
Current Gross Income (if applicable) \$ _____

4. Employment information verified by former or current Employer

Is the information provided in Section 3 above correct?

- | | | | |
|--|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Present | <input type="checkbox"/> Prior Occupation (check one) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employer Name | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employer Address | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supervisor's Name and Phone Number | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Beginning and Ending Dates of Employment | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current Gross Income (if applicable) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, please explain: _____

Please mail or fax this form to the person listed in section 1 as soon as possible (within 24-48 hours)



California Apartment Association Approved Form
www.caanet.org
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