

Request for Employment Verification

FROM:



Clean, Quality, Comfortable & Affordable
Apartments Of All Sizes All Over Town

PHONE: 414-332-5500
FAX: 414-332-5511
WEB SITE: www.trikepm.com

TO:

Supervisor's Name: _____

Company Name: _____

Company Fax: _____

Company Phone: _____

Employee authorization to release requested

Employee's authorization to release requested information.

Print Name: _____

Signature: _____

Social Security No.: _____

Date: _____

Mailing Address:

Trike Property Management

P.O. Box 11159

Milwaukee, WI 53211

The person named above has applied for an apartment for rent and has authorized you to release the requested information. Please complete and Fax to 414-332-5511 at your earliest convenience. Your prompt attention is greatly appreciated. Thank you.

1. How long has employee been employed with your company? _____

2. Position held? _____

3. How many hours does this employee work on a weekly basis? _____

4. What is this employee's wage? _____

How is this paid? _____
weekly, bi-weekly, salaried, etc.

5. Is this employee on time for work each day? _____

Information verified by: Signature: _____

Date: _____

Phone: _____

Sincerely,

TRIKE PROPERTY MANAGEMENT
Property Management Division
Occupancy Specialist