

R.W. Caldwell, Inc.

VERIFICATION OF EMPLOYMENT / INCOME

Applicant Name: _____

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of renting property. This information will be used only to determine the eligibility. **Complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name & Title: R.W. Caldwell, Inc. Attn: Rental Dept. Phone: 727-321-1212
Address: 5201 Gulfport Blvd. Gulfport, FL 33707 Fax: 727-323-7584
Email: jody@caldwellrealty.com

Employment Income

Applicant Release: I hereby authorize the release of the following employment information.

Applicant Signature: _____ Date: _____

Employer representative to complete this section:

The person named above is employed by _____ since _____. He/she is paid \$_____ on a _____ basis and is currently working an average of _____ hours per _____.

Additional compensation please specify (if any): _____

Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____

Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

- CIRCLE ONE:**
- | | | |
|-----------------------------|---------------------------|------------------------|
| Social Security/SSI | Pension/Retirement | TANF |
| Public Assistance | Unemployment Compensation | Workers Compensation |
| Alimony Payments | Foster Care Payments | Child Support Payments |
| Armed Forces Income | | |
| Other (pls. specify): _____ | | |

Applicant Release: I hereby authorize the release of the following payment and/or benefit information.

Applicant Signature: _____ Date: _____

Payment source representative to complete this section:

Payments or benefits in the amount of \$_____ are paid on a _____ basis. The expected duration of the payments or benefits is _____.

Authorized Payment Source Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____