

Employment Verification AUTHORIZATION TO RELEASE INFORMATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT To: (Name and Address of Employer) Date: RE: Applicant/Tenant Name SSN# DL# I hereby authorize the release of my employment information to **Nulevel Management LLC**: Signature of Applicant/Tenant Date The individual named directly above is an applicant/tenant for rental housing which requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. **Nulevel Management** 4150 Chicago Ave., #5548 Owner/Management Agent Riverside, CA 92517 Email: staff@nulevel.net **Return Form To:** Fax: 888-751-5244 THIS SECTION TO BE COMPLETED BY EMPLOYER Job Title: Employee: Date First Employed: Presently Employed: Yes No Last Day Employed: _____ Current Wages/Salary: (check one) weekly bi-weekly semi-monthly monthly other: hourly Average # of Regular hours per week: _____ _____ From: _____ YTD To: ____ Average # of OT Hours: _____ (per week)

Shift Differential Rate:

Overtime Rate (per hour) \$_____

Average # of SD Hours: ____(per week)

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Commissions, bonuses, tips, other addition	nal pay: <u></u> \$	(check one)
hourly weekly bi-weekly sen	ni-monthly monthly othe	r
List any anticipated change in the employees rate of pay within the next 12 months (raise):		
Amount:	Effective Date:	
If the employee's work is seasonal or sporadic, please indicate the layoff period(s):		
Additional Remarks:		
Employer's Signature	Employer's Printed Name	Date
Employer [Company] Name and Address		
E-mail	Phone	Fax

NOTE: State and/or Federal laws may make it a civil or criminal offense to make willful false statements or misrepresentations for the purposes of securing credit or housing.