



# Svigos Asset Management

Property Development & Asset Management

## **EMPLOYMENT VERIFICATION AND AUTHORITY FORM**

Full Name: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Social Security #: xxx-xx-\_\_\_\_\_.

I \_\_\_\_\_ authorize the release of my rental / financial / employment information from my current or former Landlord / Financial Aid / University / Employer for the purposes of leasing an apartment from Svigos Asset Management. Please answer any questions and/or release any information sought by Svigos Asset Management to assist in the application process.

\_\_\_\_\_  
**TENANT SIGNATURE (sign here)      DATE**

Name of Company / Employer \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Phone # \_\_\_\_\_ Supervisor's email \_\_\_\_\_

**Dear Employer,**

Applicant has applied for an apartment managed by Svigos Asset Management. In order for Applicant's apartment application to be processed, we require the verification of certain information regarding Applicant's employment history. Applicant has indicated that you are Applicant's current employer/supervisor. As such, we respectfully request that you provide us with the following information:

Company \_\_\_\_\_

Applicant's Position / Title \_\_\_\_\_

Length of Employment \_\_\_\_\_ Salary / Wage \_\_\_\_\_

Your Name \_\_\_\_\_ Your Title \_\_\_\_\_

*Your phone and email (If different than above)*

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon completion please fax this form to 847 735 8060 or mail to [svigosoffice@gmail.com](mailto:svigosoffice@gmail.com)