



SVIGOS ASSET MANAGEMENT

Property Development & Asset Management

EMPLOYMENT VERIFICATION AND AUTHORITY FORM

Full Name: _____

Birth date: ___/___/___ Social Security #: ___xx-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

W Dundee Rd., Suite 200, Buffalo Grove, IL 60089 847-735-0656 svigosoffice@gmail.com