



CALROB Realty Co.
 Managing Agents
 PO Box 361
 Hatfield, PA 19440-0361
 Ph. (215) 855-6302 Fx. (413) 460-1911
info@calrobrealty.com

Applicant Instructions:
 Please sign and date the APPLICANT AUTHORIZATION SECTION at the bottom of Page 1; **do not take or send to your current/prior employer.**

EMPLOYMENT VERIFICATION

To:

Department Name: _____
 Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Fax: _____
 Other: _____

From:

Department Name: Application Processing
 Name: Rob Witherspoon
CalRob Realty Co.
 Address: PO Box 361
 City/State/Zip: Hatfield, Pennsylvania 19440-0361
 Telephone: (215) 855-6302
 Fax: (413) 460-1911

Re: _____ (Rental Applicant)

Dear Employer:

The above Rental Applicant is a prospective tenant at our rental property, and has listed your organization as a current employer on his/her rental application. The prospective tenant gives your organization written authorization to provide this information (see signature below)

In order for us to verify the application, we ask that you provide the information requested below. **As time is paramount, we would appreciate your faxing or emailing this completed form back to us at the number/email address listed above.** Alternatively, you may feel free to telephone us between the hours of 9a.m. and 4p.m., Monday through Friday. The Information provided will remain confidential and will be used solely for purposes of determining eligibility for occupancy.

Thank you in advance for you cooperation.

Sincerely,
 CalRob Realty Co.

Signature _____ Date _____

Title _____

Applicant Authorization - Tenant Employment Verification

I have applied for rental property with the above Landlord/Property Manager. In order to verify my current employment, I hereby authorize you to release the requested information to my prospective Landlord/Property manager. I release all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of any applicable law. Please respond to this request at your earliest convenience. Thank you for your cooperation.

Signature _____ Date _____

SSN _____

