



1015 Scott St Emporia, KS 66801 www.trinitypropertygroupllc.com 620-342-8723 Fax 620-342-6436

EMPLOYMENT VERIFICATION

TO: _____ RE: _____
Name of Employer Applicant name

Address Social Security number

City, ST, Zip

Phone number Fax number

I hereby authorize the release of my employment information to Trinity Property Group, LLC and their representative. Furthermore, I authorize that this information may be transmitted in whatever means available to my employer including facsimile or email.

Applicant Signature Date: ____/____/____

The individual named directly above is an applicant for a rental unit or a home purchase that requires income verification with Trinity Property Group, LLC. The information provided will remain confidential to satisfy the stated purpose only. Your prompt response is greatly appreciated.

Please return form to: Trinity Property Group 1015 Scott St Emporia, KS 66801 Fax: 620-342-6436

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name _____ Position _____

Start Date ____/____/____

Current Salary/Wage \$_____ per _____ Average number of regular hours per week _____

Overtime rate \$_____ per _____ Average number of overtime hours per week _____

Commissions / Bonuses / Tips _____

List any anticipated change in the rate of pay within the next 12 months _____

Effective date of change ____/____/____

If the employee is considered seasonal, please list dates expected to work in the next 12 months.

____/____/____ - ____/____/____

Employers signature Date: ____/____/____

Employers printed name Phone: _____

Please return this form by fax to: 620-342-6436