

**COMMUNITY PROPERTY MANAGEMENT**

1208 Badger St., Yorkville, Illinois 60560  
Phone # 630-553-2171 Fax # 630-553-7985

Verification of Employment/Residency Consent

*The individual(s) as named below and by signature hereby consents to authorize the release of employment/landlord verification as required for an apartment approval. This information as provided will remain confidential for this stated purpose only. Your prompt response is crucial and greatly appreciated.*

**Prospective Tenant(s) who are applying please fill-out the top portion ONLY!  
Name, signature & last 4 of your social security #.  
DO NOT FILL OUT THE BOTTOM TWO (2) SECTIONS!**

_____	_____	XXX-XX-_____
Applicant Name (Print)	Applicant Signature	SS#
_____	_____	XXX-XX-_____
Co-Applicant Name (Print)	Co-Applicant Signature	SS#

The applicant referenced above has applied for an apartment and has indicated you as their Employer/Landlord. Please complete the following information and return it by fax.

**I. Landlord      Address:** \_\_\_\_\_

1. Lease Dates \_\_\_\_\_
2. Rent Amount \$ \_\_\_\_\_ Security Deposit Amount \$ \_\_\_\_\_
3. No. of Late Payment: \_\_\_\_\_
4. No. of NSF Checks in the last 12 months \_\_\_\_\_
5. Have any unauthorized persons lived in this unit? \_\_\_\_\_
6. Has this resident been found with an unauthorized pet? \_\_\_\_\_
7. Have there been any disturbance problems with other tenants? \_\_\_\_\_
8. Have the local police been called regarding the applicant or guest? \_\_\_\_\_
9. Has the applicant or guests acted in a physically violent or verbally abusive manner toward neighbors or staff? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
10. Amount of security deposit refunded to tenant \$ \_\_\_\_\_  
Please explain \_\_\_\_\_
11. Would you rent to this resident again? \_\_\_\_\_
12. Other problems? \_\_\_\_\_
13. Are you related to this applicant? \_\_\_\_\_ If yes, how? \_\_\_\_\_

**II. Employer      Employee Name:** \_\_\_\_\_

1. Starting Date: \_\_\_\_\_ 2. Salary \_\_\_\_\_
3. Seasonal Part-Time Full-Time (please circle) If Part-Time, hours per week? \_\_\_\_\_
4. Continued Employment expected?    Yes    No
5. Are you related to this applicant? \_\_\_\_\_ If yes, how? \_\_\_\_\_

**III. Landlord/Employer** Thanking you for your assistance!

_____	_____	_____
Signature	Title	Date