

Verification of Employment

Applicant: _____
Owner/Agent: William Elswick | Nine Seventeen Eleventh LLC
Leased Premises: 917 11th Street **Unit #:** _____
City: Santa Monica **State:** CA **Zip:** 90403

I _____ (“Applicant”) hereby request that you contact the below employer to determine my employment eligibility for occupancy. I authorize the release of my employment history and information to William Elswick | Nine Seventeen Eleventh LLC (“Owner/Manager”) concerning the below-referenced position. I understand the scope of the information being released and knowingly provide my permission for the below employer to release the information.

Current/Past Employer	
Company	
Supervisor	
Dates of Employment	
Address & Telephone	
Number of Employer	

Applicant: _____ Date _____

The above referenced applicant has submitted a rental application and authorization for employment verification. We respectfully request that you assist us in qualifying the applicant by completing the information listed below. Information provided will remain confidential and will be used solely for purposes of determining eligibility for occupancy. Thank you in advance for a prompt response.

Employment Verification	
Company	
Supervisor	
Dates of Employment	
Position with Company	
Type of employment [e.g. full-time, part-time, etc.]	
Pay Scale [hourly/weekly/monthly]	
Other payments [e.g. tips, commission, etc.]	
Year to date earnings	
Address & Telephone	
Number of Employer	
Any other relevant information	

Employer or Employer Representative: _____ Date _____

PLEASE EMAIL COMPLETED FORM TO: Billing@917eleventh.com as soon as possible!

