

INDIO MANAGEMENT

EMPLOYMENT VERIFICATION THIS SECTION TO BE COMPLETED BY APPLICANT

TO: (Name & Address of Employer)

Date: _____

RE: _____

Applicant Name

Last Four (4) of Social Security Number

I hereby authorize release of my employment information.

Signature of Applicant

The Individual named directly above is an applicant with **Indio** Management which requires verification of income. The information provided will remain confidential and will be used for stated purpose only. Your prompt response is crucial and greatly appreciated.

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____

Job Title: _____

Presently Employed: Yes ___ No ___

Date of Hire _____

Current Wage/Salary: \$ _____

(Check one) Hourly ___ Weekly ___ Bi-Weekly ___ Semi-Monthly ___ Monthly ___ Yearly ___

List any anticipated change in the employee's rate of pay within the next 12 months:

Signature of Employer

Date