Request for Employment Verification

To:	TRIKE PROPERTY MANAGEMENT Quality, Clean, Comfortable & Affordable Apartments Of All Sizes All Over Town	
Supervisor's Name:		
Company Name:		
Company Fax:		
Company Phone:		
Print Name:	Mailing Address:	
Phone No.:	Trike Property Management	
Social Security No.:	P.O. Box 11159 Milwaukee, WI 53211	
Date:		414-332-5500
	FAX:	414-332-5511
Signature:	WEB SITE: wv	vw.trikepm.com
I hereby authorize my employer to release any requested information regarding my employment	Rental Agent's Name	Building Code / Unit #
record, current income and wage history.		Applying For
Applicant Must Complete This Box		
Address & Unit Number Applied For:_		
The person named above has applied for an apartment the requested information. Please complete and Fax Your prompt attention is greatly appreciated. Than	<mark>to 414-332-5511</mark> at your e	
1. How long has employee been employed with	your company?	
2. Position held?		
3. How many hours does this employee work of	n a weekly basis?	
4. What is this employee's wage?		
How is this paid?weekly, bi-weekly, mo	onthly, annually	
5. Is this employee dependable and on time for		

6. Is there any reason to believe this employee will be laid off in the near future?

Information verified by: Signature:

TRIKE PROPERTY MANAGEMENT Property Management Division Occupancy Specialist

Sincerely,