This form has not been approved by the Colorado Real Estate Commission.



EMPLOYMENT VERIFICATION

Date:	
To:	
	[Name and Address of Employer & Authorized Person To Supply Information)
From:	Taylor Realty Group 1499 W 120 th Ave #110 Westminster CO 80234 303-669-2744 Main 888-464-2621 Fax rent@taylorrealtygroup.net (email)
RE:	Request for Employment Verification
	Applicant Name:
apprece the con	pplicant named above has submitted a rental application on one of our rental properties. We would iate your cooperation in answering the questions on this form and returning it us via email or fax at neact information above. The Applicant has consented to this release of information, as shown on at page.
	TENANT RELEASE OF INFORMATION
TO TH	IE APPLICANT:
RELE	ASE: I hereby authorize the release of the requested information to Taylor Realty Group.
Applic	ant Signature Date

INFORMATION REQUESTED – TO BE COMPLETED BY EMPLOYER

Name of Applicant:		Date of Hire:	
Position/Job Held:			
Pay Rate: Hourly*:	Monthly:	Annually:	
*If hourly, please include the r	number of hours worked on av	erage per week:	_
Additional Compensation: M	Ionthly: Ann	nually:	
Additional Compensation Note	s:		
Are there any anticipated ch	anges in the Employee's con	pensation in the Next 12 Months?	
☐ YES ☐ NO If yes, pleas	e provide details:		
Additional Comments:			
Person Supplying Information	n:		
Name:		Title:	
Organization/Firm Name:			
Address:			
Phone:	Email:		
I hereby confirm that the above	e information is truthful and a	ccurate.	
Signature of Person Supplying	Information Da	te	