EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT TO: (Name & address of employer) Applicant/Tenant Name Unit # (if assigned) Social Security Number I hereby authorize release of my employment information. Signature of Applicant/Tenant The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. Platinum Property Management 2149 Durston Rd, Ste 34 Project Owner/Management Agent Bozeman, MT 59718 **Return Form To:** Fax: 406×5×7×14×7 406.284.2025 Email: info@platinumbozeman.com THIS SECTION TO BE COMPLETED BY EMPLOYER Job Title: ____ Employee Name: ____ Presently Employed: Yes ____ Date First Employed _____ No ___ Last Day of Employment _____ Current Wages/Salary: \$ (check one) □ hourly □ weekly □ bi-weekly □ semi-monthly □ monthly □ yearly □ other Average # of regular hours per week: _____ Year-to-date earnings: \$_____ from: __/__/ through: ___/___ Overtime Rate: \$_____ per hour Average # of overtime hours per week: Shift Differential Rate: \$_____ per hour Average # of shift differential hours per week: _____ Commissions, bonuses, tips, other: \$______(check one) □ hourly □ weekly □ bi-weekly □ semi-monthly □ monthly □ yearly □ other_____ List any anticipated change in the employee's rate of pay within the next 12 months: ______; Effective date: ______; If the employee's work is seasonal or sporadic, please indicate the layoff period(s): Additional remarks: Employer's Signature Employer's Printed Name Employer [Company] Name and Address Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.