

# **GREYSTAR MANAGEMENT SERVICES**

## **EMPLOYMENT VERIFICATION REQUEST**

Name of Employer: \_\_\_\_\_

To Whom It May Concern:

With this letter, I grant you permission to disclose the information requested below to Vistas at Seven Bar Ranch Apartment Homes. I would appreciate the return of this document as soon as possible in order to complete the verification process on my new apartment home. Thank you for your cooperation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

Employee Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Position: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time, How Many Hours: \_\_\_\_\_

Salary: \_\_\_\_\_

Commissions \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title \_\_\_\_\_

Please Fax Completed Form To: (505) 792-5005

If You Have Questions, Please Call: (505) 792-7227

# GREYSTAR MANAGEMENT SERVICES

## RESIDENT VERIFICATION REQUEST

Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Management Company/Apartment Community: \_\_\_\_\_

\_\_\_\_\_

Attention: \_\_\_\_\_

To Whom It May Concern:

With this letter, I grant you permission to disclose the information requested below to Vistas at Seven Bar Ranch Apartment Homes. I would appreciate the return of this document as soon as possible in order to complete the verification process on my new apartment home. Thank you for your cooperation.

Resident Signature

Date

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Lease Expires: \_\_\_\_\_ Eviction: Yes \_\_\_\_\_ No \_\_\_\_\_

Lease Fulfilled: Yes \_\_\_\_\_ No \_\_\_\_\_

Proper Noticed Given: Yes \_\_\_\_\_ No \_\_\_\_\_

Any Pets Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" What Kind: \_\_\_\_\_

Monthly Rental Amount: \$ \_\_\_\_\_ Paid On Time: Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" How Many Times Late: \_\_\_\_\_

Late Fees Paid As Agreed: Yes \_\_\_\_\_ No \_\_\_\_\_ Any NSF'S: Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Please Fax Completed Form To: \_\_\_\_\_ (505) 792-5005

If You Have Questions, Please Call: \_\_\_\_\_ (505) 792-7227