



730 North Jefferson St, Jackson, MS 39202  
(601) 948-3460 · fax (601) 948-3490  
loveliving@belhavenresidential.com

**\*\*\* Applicant needs only to sign this form, granting us permission to inquire about your employment\*\*\***

X \_\_\_\_\_  
Applicant signature to release information                      Date

**REQUEST FOR EMPLOYMENT VERIFICATION**

To: \_\_\_\_\_ Date & Time: \_\_\_\_\_

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

\_\_\_\_\_ has applied for residency with our company and we need to confirm the following information regarding employment and income. We have received a signature from the applicant at the bottom of this page indicating we have permission to obtain the following information. We appreciate your cooperation in delivering us this information in a timely manner.

Title or Position: \_\_\_\_\_

Start/End Dates of Employment: \_\_\_\_\_

Avg Pay per Month: \_\_\_\_\_

Fulltime Status: \_\_\_\_\_

Verified By: \_\_\_\_\_

Print Name

Title

Date



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**\*\*\* Applicant needs only to sign this form, granting us permission to inquire about your rental history\*\*\***

X \_\_\_\_\_  
Applicant signature to release information Date

**REQUEST FOR RENTAL/LANDLORD VERIFICATION**

To: \_\_\_\_\_ Date & Time: \_\_\_\_\_

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

\_\_\_\_\_ has applied for residency with our company and we need to confirm the following information regarding previous rental history. We have received a signature from the applicant at the bottom of this page indicating we have permission to obtain the following information. We appreciate your cooperation in delivering us this information in a timely manner.

Address \_\_\_\_\_

Monthly Rental Rate \_\_\_\_\_

Dates of Occupancy \_\_\_\_\_

How many late payments \_\_\_\_\_

Any NSF's paid or evictions filed? \_\_\_\_\_

Was a 30 day notice given? \_\_\_\_\_

Was the security deposit refunded? \_\_\_\_\_

If Resident qualified, would you rent to them again? Yes \_\_\_\_\_ NO \_\_\_\_\_

Verified By: \_\_\_\_\_

Print Name

Title

Date