

Legends at Rancho Belago
 13292 Lasselle Street, Moreno Valley, CA
 92553 Office Line: (951) 242-6527
 Fax Line: (951) 247-4817
 Email:leasing@legendsrb.com
 Website: www.legendSATRANCHOBELAGO.COM



EMPLOYMENT VERIFICATION

REQUEST SENT TO:	PLEASE RETURN TO:
Employer/Company _____	Community Name _____
Attention: _____	Date Requested _____
Employer Telephone _____	Community Phone _____
Employer Fax _____	Community Fax _____

The below referenced individual has recently submitted a rental application to our community. We are required to verify employment and income as part of the application review. Please provide the information requested and return the completed form to our office within **24 hours** as the approval of your employee's application is dependent upon your response. Any information you provide will be held in strictest confidence and used only for determining the eligibility status of the prospective resident. If you have questions, please feel free to contact us.

RETURN COMPLETED VERIFICATION BY ABOVE FAX # or EMAIL leasing@legendsrb.com

Name of Applicant: _____

S.S.#: XXX-XX-
(last four digits only)

TO BE COMPLETED BY EMPLOYER	
1) Is this individual currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please provide separation date: _____	
2) Hire Date: _____	Current Position _____
3) Is this employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
4) Is this employment <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary - If temporary, when will employment end? _____	
5) Wages/Salary \$ _____ per <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly - Hrs per week _____	
_____	_____
Date	Signature
_____	_____
Title/Department	Printed Name