

Madera Management Company, Inc
Professional Property Management

CONFIDENTIAL VERIFICATION OF EMPLOYMENT

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

Date: _____

RETURN FORM TO

TO: _____

MADERA MANAGEMENT COMPANY, INC.

411 N. I STREET, SUITE A

MADERA, CA 93637

(559) 661-4414 PHONE

(559) 661-4442 FAX

RE: _____
Applicant/Tenant Name

RELEASE: I hereby authorize the release of the requested information.

X _____

X _____

_____ Date

Signature of Applicant/Tenant

Signature of Applicant/Tenant

RETURN THIS VERIFICATION TO THE COMPANY LISTED ABOVE (This information is important because Madera Management Company, Inc. has a responsibility to treat this information confidentially.) Your prompt return of this information will help assure timely processing of the application. The applicant has consented to this release of information as shown above.

AREA BELOW TO BE COMPLETED BY OWNER, MANAGER OR SUPERVISOR

Contact (name, company, position): _____

Applicant Position/Title: _____

Salary: _____ per month / week

Dates of Employment: _____ to _____

PRINT NAME OF PERSON SUPPLYING INFORMATION	FIRM OR ORGANIZATION	PHONE #
AUTHORIZED SIGNATURE	TITLE	DATE COMPLETED

Comments: _____

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