MBA Property Mgmt Inc. **Employment Verification**

I hereby authorize release of my employment information:

Applicant/Posident Name	Applicant/Por	nidant Signatura	Doto
Applicant/Resident Name	Applicantikes	sident Signature	Date
To Be Completed By Employer:			
1. EMPLOYEE INFORMATION			
Employee Full Legal Name			
Home Address			
Phone(s):	<u>-</u>		
2. EMPLOYMENT INFORMATION Please answer the following questions:	TION:		
1. What position/job title does the emp	loyee hold?		
2. When did employment start?		Currently	y employed?
3. Full Time/Part Time?			
4. What is their wages/hourly rate:		Earnings Year	to date:
5. Paid how often:			
6. If hourly, how many hours per week	:	Weekly Overtime I	Hours/Avg:
7. Commissions/Bonuses Tips Paid Th	nis Year:	Weekly/Month	lly Avg:
8. Any anticipated change in rate of pa	ay or amount:	Date:	New Amount
9. Likelihood of employment continuing	g:		
3. CERTIFICATION: (To be comp	pleted by employer)		
I,		(Printed Name)	, certify that the information
I have given on this form is true an			e as of this date.
Job Title		Employer Phone Numb	
OOD TRIE	'	-mployer i none namb	OI .
Signature of Employer Representative		Date	

Please fax your response to 317-917-8493 or email to info@mbarents.com.

Note: Section 1001 of Title 18 of 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.