## **EMPLOYMENT VERIFICATION**

TO: (Name & address of employer)    Date:	THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT	
Applicant/Tenant Name  Last four of SSN  Unit # (if assigned)  I hereby authorize release of my employment information.    Date	TO: (Name & address of employer)	Date:
Applicant/Tenant Name  Last four of \$SN  Unit # (if assigned)  I hereby authorize release of my employment information.  Signature of Applicant/Tenant  Date  The individual named directly above is an applicant/potential tenant for rental housing that requires verification of employment. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.  Local Local, LLC  Jacqueline Miguel, Property Manager  Project Owner/Management Agent  Return Form To:  THIS SECTION TO BE COMPLETED BY EMPLOYER  Employee Name:  Job Title:  Security Employed: Yes  Date First Employed  No Last Day of Employment  Courrent Wages/Salary:  (check one)  Ohourly  weekly  Semi-monthly  monthly  yearly  other  Average # of regular hours per week:  Year-to-date earnings:  from:  // through:  Shift Differential Rate:  per hour  Average # of shift differential hours per week:  Shift Differential Rate:  per hour  Average # of shift differential hours per week:  Effective date:  If the employee's work is seasonal or sporadic, please indicate the layoff period(s):  If the employee's work is seasonal or sporadic, please indicate the layoff period(s):  Indicate the layoff peri		
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The individual named directly above is an applicant/potential tenant for rental housing that requires verification of employment. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.  Local Local, LLC Jacqueline Miguel, Property Manager Project Owner/Management Agent  Return Form To:  Return Form To:  THIS SECTION TO BE COMPLETED BY EMPLOYER  THIS SECTION TO BE COMPLETED BY EMPLOYER  Employee Name: Job Title:  Presently Employed: Yes Date First Employed No Last Day of Employment  Current Wages/Salary: \$ (check one) hourly weekly bein-monthly monthly weekly other  Average # of regular hours per week: Year-to-date earnings: \$ from:/ through:/  Overtime Rate: \$ per hour	Applicant/Tenant Name	Last four of SSN Unit # (if assigned)
Local Local, LLC   Jacqueline Miguel, Property Manager   Local Local, LLC   ATTN: Jacqueline M.   16-566 Kosau Pahoa Road, Suite 188 Kosau, Hawaii 96749   M: (808) 498 - 0515   Email: jackie@locallocalhome.com	Signature of Applicant/Tenant	Date
Local Local, LLC		for rental housing that requires verification of employment. The tated purpose only. Your prompt response is crucial and greatly
Employee Name: Job Title:  Presently Employed: Yes Date First Employed No Last Day of Employment  Current Wages/Salary: \$ (check one)	Local Local, LLC Jacqueline Miguel, Property Manage  Project Owner/Management Agent	16-566 Keaaú Pahoa Road, Suite 188 Keaau, Hawaii 96749 M: (808) 498 - 0515 F: 1 (818) 646 - 6865 Email: jackie@locallocalhome.com
Presently Employed: Yes Date First Employed No Last Day of Employment	THIS SECTION TO BE O	
Current Wages/Salary: \$	Employee Name:	Job Title:
hourly   weekly   bi-weekly   semi-monthly   monthly   yearly   other	Presently Employed: Yes Date First Employed	No Last Day of Employment
Overtime Rate: \$ per hour		nthly 🗆 yearly 🗆 other
Shift Differential Rate: \$ per hour	Average # of regular hours per week: Year-to-date earnings	s: \$ from:/ through:/
Commissions, bonuses, tips, other: \$(check one)    hourly   weekly   bi-weekly   semi-monthly   monthly   yearly   other; Effective date:  List any anticipated change in the employee's rate of pay within the next 12 months:; Effective date:;	Overtime Rate: \$ per hour Average	# of overtime hours per week:
□ hourly □ weekly □ bi-weekly □ semi-monthly □ monthly □ yearly □ other; Effective date:; Effective date:; the employee's work is seasonal or sporadic, please indicate the layoff period(s):	Shift Differential Rate: \$ per hour Average	e # of shift differential hours per week:
If the employee's work is seasonal or sporadic, please indicate the layoff period(s):	Commissions, bonuses, tips, other: \$ (check one)  □ hourly □ weekly □ bi-weekly □ semi-monthly □ mo	onthly   yearly   other
	List any anticipated change in the employee's rate of pay within the next	12 months:; Effective date:
Additional remarks:	If the employee's work is seasonal or sporadic, please indicate the layoff	period(s):
	Additional remarks:	
	Employer's Signature Employee	r's Printed Name Date

NOTE: Section 1001 of Title 18 of the 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. (if applicable)

Phone #

Employer [Company] Name and Address

Fax #

E-mail