



Calhoun Properties Group, LLC

Matching Owner and Tenant with Trust and Confidence



Employment Authorization Verification Form

To: _____ (Supervisor/Manager)

Employer Name: _____ (Name of Business/Agency)

Business Phone: _____ (Employer's office number)

Fax Number: _____ (Employer's Fax number)

Email Address: _____ (Employer's Email)

From: Calhoun Properties Group, LLC – Processing Department – office (301) 744-9780

Employer/Source of Income: _____

Employer Address: _____

State: _____ Zip Code: _____

Business Phone: _____ Fax Number: _____

I hereby authorize my employer to disclose my Employment information to Calhoun Properties Group, LLC

Printed Name of Applicant

Applicant Signature

Date

XXX - XX -
Last 4 Digits of Applicant SSN or Tax ID#



3540 Crain Highway, Suite 172
Bowie, MD 20716



301.744.9780



240.266.1108



Calhoun Properties Group, LLC

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Rental History Authorization Verification Form



Landlord or Complex Name To: _____

Property Manager or Contact Name: _____

Office Phone: _____ Office Fax Number: _____

Office Email: _____

From: Calhoun Properties Group, LLC – Processing Department – office (301) 744-9780

Applicant's Current Address: _____ Unit/Apt # _____

City : _____ State: _____ Zip Code: _____

To Whom It May Concern:

The person whom has signed this form below has applied to rent or purchase a property from Calhoun Properties Group, LLC. It would help us greatly if you would take the time to furnish the information requested. Thank you for your assistance. Please fax to (240) 266-1108 or email to info@calhounproperties.net.

I agree and authorize all parties that Calhoun Properties Group, LLC may contact to provide written and/or verbal rental history information necessary to review my application to rent or purchase from Calhoun Properties Group, LLC.

In connection with my application to lease a residence, I understand that you will obtain a consumer report and/or an investigative consumer report, as defined by the Fair Credit Report Act (15 U.S.C. § 1681), and I authorize you do so.

Printed Name of Applicant

Applicant's Signature

Date



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