



**INCOME VERIFICATION FOR DRAGONFLY PROPERTIES & INVESTMENTS**  
**THIS SECTION TO BE COMPLETED AND EXECUTED BY TENANT**

TO: (Name, address & phone of employer) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Tenant Name

I hereby authorize release of my employment information to Dragonfly Properties & Investments LLC.

\_\_\_\_\_  
Signature of Applicant/Tenant \_\_\_\_\_ Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. **Please fax or email this form back to our office 239-369-7467 or info@dragonflyrentals.com.** If you have any questions, please call our office at 239-645-1104.

Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Management Agent

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_ No \_\_\_ Date First Employed \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (Circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ from: \_\_\_/\_\_\_/\_\_\_ through: \_\_\_/\_\_\_/\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (Circle one) Hourly Weekly Bi-weekly Semi-Monthly Monthly Yearly Other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature \_\_\_\_\_ Employer's Printed Name \_\_\_\_\_ Date

\_\_\_\_\_  
Employer's Title \_\_\_\_\_ Employer [Company] Name and Address

\_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail