

Recipient Information

To: Corporate Management Group
Company: Corporate Management Group
Fax #: 3037367767



Sender Information

From: Hugo Juarez Luna
Company: Boulder Housing Partners
Email address: juarez-luna@boulderhousing.org (from 96.87.62.21)
Phone #: 7204721213
Sent on: Tuesday, August 15 2017 at 1:06 PM EDT

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Providing Homes, Creating Community, Changing Lives

Employment Verification

Boulder Housing Partners | 4800 North Broadway Boulder, CO 80304 | Phone: 720-564-4610

Tell Us About Your Employment - Applicant/Resident complete and sign top portion only

Name of Employer Corporate Management Group	Employer Fax # 303-736-7767
Employer Address 12000 N Washington St #350 Thornton CO	Employer Phone # 303-920-1425
Applicant/Resident Name Juan Fraire	Head of Household Name Zayra Barrera Perez
Applicant/Resident Social Security # xxx-xx-8414	Applicant/Resident Date of Birth 4/25/96
Consent to Release Information: My signature below authorizes verification of my employment information.	
	8/14/17
Applicant/Resident Signature	Date

STAFF USE ONLY

The above Applicant/Resident is applying to/participating in a housing program that requires verification of income. The individual has signed a release above giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

I certify that this verification has been sent directly to the employer and was not hand-carried by the applicant/tenant or any other interested party.

	Property Manager	8/15/17
Hugo Juarez-Luna Operations Specialist	Title	Date
Signature of Owner/Agent	303-302-0711	
4800 Broadway, Boulder, Co. 80304	Owner/Agent's Fax Number	
Owner/Agent Address		

For Employer: Please fill out the information below as completely as possible.

Date of Hire 8-8-17	Date of Termination N/A	Position Warehouse shipping + receiving
Base Pay \$ 13 per (check one) <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Week <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Other, explain:		
If hourly, hours worked per week 40	Overtime Hrs per Week	Overtime Pay Rate
Year to Date Gross Income \$ through just started 1st ck / / 8-18-17	Average No. of Shift Differential Hrs per Week N/A	Shift Diff. Rate per Hr
Does this employee receive? (check all that apply) <input checked="" type="checkbox"/> Bonuses <input type="checkbox"/> Tips <input type="checkbox"/> Commissions <input type="checkbox"/> Other N/A	Average Bonuses/Tips/Commissions N/A \$ per (check one) <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour	
Are bonus/commissions guaranteed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: None available	Date of next pay increase (if known)	Amount of next pay increase (if known)
If employment is seasonal/periodic, please specify layoff periods seasonal		

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

	Executive Assistant	8-15-17
Signature of Employer Representative	Title	Date
Andrea Findley	303-920-1425	
Printed Name of Employer Representative	Telephone#	

