

Employment Verification

EMPLOYER INFORMATION		
Name of Employer:	Fax Number:	
Attention:		
Message:		
EMPLOYMENT VERIFICATION REQUEST		
To Whom It May Concern:		
The individual shown below has applied for residency at an apartment community which requires verification of income and they have listed your organization as a current place of employment. In accordance with the release signed below, please provide the information requested and return this form to us by fax.		
APARTMENT COMMUNITY INFORMATION AND RETURN FAX NUMBER		
Property Name:	Fax Number:	
Property Address:		
Property Office Phone Number:		
AUTHORIZATION TO PROVIDE EMPLOYMENT VERIFICATION		
Name of Applicant:	Social Security Number:	
I hereby authorize the above individual, company or institution to furnish Price Brothers Management Company with the information requested below, and do hereby release the above individual, company or institution and all individuals connected herewith, including Price Brothers Management Company, from any and all liability whatsoever that might otherwise be incurred in furnishing or obtaining such information.		
Signature	Printed Name	Date
INFORMATION REQUESTED		
Date(s) of Employment:		
Current Position:		
Rate of Pay: \$ Per: ___ Hour ___ Week ___ Month ___ Year		
If hourly rate is noted above, Average number of hours worked per week:		

Completed by: _____ **Signature:** _____ **Date:** ___/___/___

Thank you very much for your time.