

Employment Verification

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| 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.