



EMPLOYMENT VERIFICATION

Date: _____

_____ has applied for an apartment at Waterside Apartments. In order to process the application it is necessary we obtain verification of his/her current or previous employment.

Authorization for release of information:

I, _____, hereby request that you release that required information to Waterside Apartments.

Applicant _____ Date _____

Employment Verification

Please fax back to: **407-678-7722**

Name of Employee: _____

Social Security Number: _____

Length of Employment: From _____ To _____

Monthly Salary: \$ _____

Hours per Week: _____

Bonuses/Tips/Other Wages: \$ _____

Information Given By: _____ Title: _____

Company Name: _____ Date: _____

THIS MUST BE SIGNED BY EMPLOYER TO BE VALID
Thank-You for your cooperation and immediate attention