

Verification of Employment

Applicant's Name _____ SSN _____

Employer/Complany: _____

Employer Address _____
(street) (city) (state) (zip)

Phone Number: _____ Fax: _____

By signing below, I authorize CHARLES POINTE APARTMENTS' management to verify the requested information regarding my income/salary.

Signature of Applicant: _____ Date: _____

To be completed by Employer only - will not be accepted otherwise

Date of employment: _____ to _____

Probability of continued employment: _____

Income/Salary Info: \$ _____/hr. averaging _____ hours/week

\$ _____/month

\$ _____/year

Information provided by: _____
(please sign and print name)

Title/Position: _____ Date Signed: _____

A copy of your most recent pay stub can be used in place of this form.