



**VERIFICATION OF EMPLOYMENT**

Concerning the following employee of yours: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

In order to lease an apartment to your employee ( or anyone ), we are required to verify his/her income level. To comply with this requirement, we ask your cooperation in supplying the information requested in the lower half of this form. This information will be held in strict confidence and used only by Woodwinds Apartments for the purpose of establishing the eligibility of this person to lease an apartment from us.

**Please fill out and return this page to your employee, or fax it to the following number :      Fax    (706) 733-9487**

**RELEASE AUTHORIZATION**

I hereby authorize the release of the information requested by Woodwinds Apartments concerning my employment status and any figures relating to my earned wage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
SS#

**VERIFICATION**

Employment Status :

Is he/she a Current Employee?:  Yes     No    -    Date of Hire: \_\_\_\_\_

Employee's Job title or Position: \_\_\_\_\_

Full Time       Part time       Temporary       Seasonal

Average Gross Wage: \$ \_\_\_\_\_ Per  Month     Bi-weekly     Weekly

Are you this employees direct supervisor or payroll officer ?  Yes     No

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

*We appreciate your time & cooperation*