

EMPLOYMENT VERIFICATION

APPLICANT: Please complete the top portion of this form so that your employer may release the requested information.

Applicant: _____ Date: _____

Employer: _____

Address: _____

Phone number: _____ Fax number: _____

Supervisor's Name: _____

I hereby authorize the release of my employment information to Colonial Place Apartments LLP

Employee's Signature: _____

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EMPLOYER: Your employee has applied for rental of an apartment with us. As part of the qualification process, we require verification of employment and the information requested below.

Employment began: _____

Hour worked weekly: _____

If hours vary what are the:

Average hours worked: _____ Minimum hours worked: _____

Position: _____

Gross monthly income: _____

Name & Title of Supervisor Signature Date Phone number

Thank you for your prompt response in assisting us in our apartment application process.

PLEASE FAX THIS BACK TO: _____

If you have any questions, our phone number is: _____