

EMPLOYMENT VERIFICATION FORM

**CHICAGO
APARTMENT
FINDERS**

CHICAGO APARTMENT FINDERS

Phone 1-888-FINDERS
www.chicagoapartmentfinders.com

REQUESTING VERIFICATION FROM:

| |
|---------------|
| Company Name: |
| Contact Name: |
| Phone: |
| Fax: |

PLEASE FAX OR EMAIL BACK TO:

| |
|----------------|
| Leasing Agent: |
| Phone: |
| Fax: |
| Email: |

I hereby authorize my employer to disclose the information listed on the bottom portion of this form to CHICAGO APARTMENT FINDERS.

APPLICANT SIGNATURE

APPLICANT NAME (PRINTED)

DATE

SSN

FOR EMPLOYER OR CAF AGENT TO FILL OUT:

To Whom it May Concern:

Please complete the following as soon as possible and fax it back to Chicago Apartment Finders. This information is needed in order to complete an application for an apartment for the above named applicant.

Employee Hire Date: ____ / ____ / ____

Position / Title: _____ Current Salary / Wage: \$ _____ per _____

Full Time Employee? YES NO Additional Compensation: \$ _____ per _____

If "No", how many hours per week? _____

Additional Comments:

FAXED AUTHORIZATION PHONE AUTHORIZATION

EMPLOYER'S REPRESENTATIVE (Please print)

CAF AGENT NAME (Please print)

VERIFIER'S SIGNATURE (Person filling out this form)

DATE

**Please complete and fax or email this form back to Chicago Apartment Finders using the number listed above.
We appreciate your prompt response. Thank You!**