

# URGENT FACSIMILE

DATE:

TIME:

TO:

PHONE:

FAX:

FROM:

PHONE:

FAX:

**RE: Employment and Residence Verification Consent**

I \_\_\_\_\_, agree to allow \_\_\_\_\_ and/or \_\_\_\_\_  
**(Prospective Client) (Employer) (Landlord)**

to give \_\_\_\_\_ the following information to verify my  
**(Apartment Community)**

current and previous employment and/or residence history.

\_\_\_\_\_  
**(Prospective Client)**

\_\_\_\_\_  
**(Date)**

EMPLOYMENT	RESIDENCE
Employer/Phone #: _____	Landlord/Phone #: _____
Hire Date: _____	Dates of Residency: _____
Title: _____	Monthly Rent Amount: _____
Annual Salary: _____	# NSF's: _____ # Late Payments: _____
Comments: _____	Written Notice Received? _____ Deposit Refunded? _____
	Would you re-rent to this resident? _____
By/Title: _____	By/Title: _____

Your prompt attention and response is greatly appreciated. Please fax back to us, or call if you should have any questions. Thank you.