

# Verification of Employment

Date: \_\_\_\_\_ 2014  
Employer Company Name: \_\_\_\_\_

Attention To: \_\_\_\_\_

Fax Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Re: \_\_\_\_\_  
Employee Name

I hereby authorize you to disclose the below information to  
The Fountains of Wauwatosa, 4718 N. 100<sup>th</sup> Street, #101 Wauwatosa, WI 53225.

\_\_\_\_\_  
Employee Signature and Date

The above named person has applied for an apartment at The Fountains of  
Wauwatosa, (ph: 414-464-0550), and is in need of your company providing the  
information as requested below.

Please fax this completed form to fax#: 414-464-7044. Thank you.

Position of Employee: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Annual Salary or Hourly Wage: \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Person Providing this Information

\_\_\_\_\_  
Signature and Date of Person Providing this Information