

Employment Verification Request

I hereby authorize my currer below.	nt and/or previous emp	ployer to furnish the employment information req	uested
Applicant Signature:		Date:	
	Applicant Do Not	Write Below This Line	
Date:			
To:	Fax:	Phone:	
From:	Fax:	Phone:	
Name of Employee:		SSN:	
has applied for residency in one	e of our apartments. Plea	ase complete the requested information below and f	ax this
form back to us at your earliest	convenience.		
Employer's Name:			
Employee Position/Title:			
Dates of Employment	From:	To:	
Income Hourly/Weekly	/Monthly:	Average Hours Per Week:	
Expectation of future employme	ent:		
I am the Authorized Representa	ative from the above orga	anization to certify the employment information req	uested.
Authorized Representative Prin	ted Name	Authorized Representative Signature	_
Title		Date	_

Please fax completed form to (773) 295-6172. Thank you for your prompt response.

4818 North Damen Avenue, Chicago, IL 60625

Phone: (773) 728-9900 Email: allen@winnemacproperties.com