

# 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!**