



2707 Park Place Lane, Janesville, WI 53545
Phone: 608-755-0000 Fax: 608-756-2121

Income Verification

Date: _____

_____ has applied for an apartment with our community and we would appreciate your time in giving us information concerning your employee. Your employee has given full permission (by signing below) for you to release this information to us. Please complete the information below and return to us at your earliest convenience by fax **608-756-2121**.

Thank you in advance for your assistance.

Sincerely,

Dawn Fogle
Community Manager

I hereby authorize the release of information regarding my wages, overtime, bonuses, commissions or other forms of compensation.

Applicant/Employee Signature

Date

Employer:

Employee Position: _____

Full/Part Time: _____ Permanent or Temporary: _____

Dates of Employment: _____ to _____

Gross Monthly Income: _____

I hereby certify that the above information is true and complete to the best of my knowledge.

Signature of Employer

Date

Title

Phone Number