## Fax for Employment/Income Verification

**To: HR Department/Payroll Verifier Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From: Castleberg Communities Date Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1703 Whispering Pines Way**

**Madison, WI 53713 Number of Pages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(608) 271-6700 phone**

**(800) 620-1656 fax**

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## Future Resident’s Authorization:

I hereby authorize Current/Previous Employer’s Income verifier to give information involving my Income/wages to

Castleberg Communities staff.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Employer Verification:

**To Whom It May Concern: The above has applied for residency with us and you have been listed as their current employer or other income verifier. We would appreciate receiving the following information within the next 24 hours. Your reply will be held in strict confidence.**

**Please fax back the completed verification form to 800-620-1656. Thanks for your assistance.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | | | |
| **Present Position:** | | **Date of Hire:** | |
| *Pay Rate if Hourly* | | *Pay Rate if Salaried* | |
| Hourly Pay: | Anticipated Annual Pay: | Monthly: | Annually: |
| **Additional Compensation:** | |  | |
| Overtime: | Commissions: | Bonus: | Tips: |
| $ | $ | $ | $ |
| Probability of Continued Employment  (circle one)  **None Poor Fair Good Excellent** | | Employment Status  (circle one)  **Part-time Full-time Seasonal Temporary** | |
| Notes: | | | |
| **Other income:** | | | |
| Anticipated Income : | | Frequency of income: | |
| Anticipated Income : | | Frequency of income: | |

**Verifier Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**