

Fax for Employment/Income Verification

To: HR Department/Payroll Verifier Fax # or email: _____

From: Castleberg Communities Date Sent: _____
 1703 Whispering Pines Way
 Madison, WI 53713 Number of Pages: _____
 (608) 271-6700 phone
 (800) 620-1656 fax Email: Info@CastlebergCommunities.com

Applicant's Authorization for Release of Information:

I hereby authorize Current/Previous Employer's Income verifier to give information involving my Income/wages to Castleberg Communities staff. **Note: You may provide your two most recent paystubs in lieu of this form.**

Applicants Name:	Company Id #: (if applicable)	Applicant's Phone #:	Applicant's Address:

Applicant's Signature: _____ Date _____

To Whom It May Concern: The listed applicant 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 or email it to Info@CastlebergCommunities.com. Thanks for your assistance.**

Place of Employment/Employer:			
Present Position:		Date of Hire:	
<i>Pay Rate if Hourly</i>		<i>Pay Rate if Salaried</i>	
Hourly Pay:	Anticipated Annual Pay:	Monthly:	Annually:
Additional Compensation:			
Overtime:	Commissions:	Bonus:	Tips:
\$	\$	\$	\$
Probability of Continued Employment (circle one)		Employment Status (circle one)	
None	Poor	Fair	Good
			Excellent
		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: _____