

Azul Baldwin Park
 4460 Lower Park Road, Orlando, FL 32814
 Office Line: (833) 231-2519
 Email: leasing@azulbaldwinpark.com
 Website: www.azulbaldwinpark.com



A Z U L
 BALDWIN PARK

EMPLOYMENT VERIFICATION

REQUEST SENT TO:	PLEASE RETURN TO:
Employer/Company _____	Community Name _____
Attention: _____	Date Requested _____
Employer Telephone _____	Community Phone _____
Employer Fax _____	Community Fax _____

The below referenced individual has recently submitted a rental application to our community. We are required to verify employment and income as part of the application review. Please provide the information requested and return the completed form to our office within **24 hours** as the approval of your employee's application is dependent upon your response. Any information you provide will be held in strictest confidence and used only for determining the eligibility status of the prospective resident. If you have questions, please feel free to contact us.

RETURN COMPLETED VERIFICATION BY ABOVE FAX # or EMAIL leasing@azulbaldwinpark.com

Name of Applicant: _____ S.S.#: XXX-XX- _____
(last four digits only)

TO BE COMPLETED BY EMPLOYER

1) Is this individual currently employed? YES NO If no, please provide separation date: _____

2) Hire Date: _____ Current Position _____

3) Is this employment Full-time Part-time

4) Is this employment Permanent Temporary - If temporary, when will employment end? _____

5) Wages/Salary \$ _____ per Monthly Semi-monthly Weekly Hourly - Hrs per week _____

_____ Date _____ Signature

_____ Title/Department _____ Printed Name