

PUERTA DEL SOL APARTMENTS

4816 McMahon Blvd., NW
Albuquerque, NM 87114
(505) 898-5111

Date: _____

TO BE FILLED OUT BY APPLICANT:

Company Name: _____

Facsimile No: _____ Attn: _____

Telephone No: _____

I give Puerta Del Sol Apartments authorization to verify my employment status.

Signature of Applicant _____

Print Name: _____

Social Security No: _____

TO BE FILLED OUT BY EMPLOYER

POSTION: _____

MONTHLY SALARY (GROSS): _____

DATE OF HIRE: _____

SIGNATURE OF EMPLOYER: _____

TITLE: _____

Please verify all information on the applicant and complete the above information. Please fax this form back to us at **(505) 897-1186**. If you have any questions please feel free to call us at (505) 898-5111.

Thank you,

Puerta Del Sol Apartments

By: _____
Community Manager/Leasing Agent
(please print name above)