



**CASCADE REALTY**

3915 CASCADE RD. SUITE 205  
ATLANTA, GA 30331  
BUS. (404) 564-1292  
TOLL FREE: 1 (866) 696-3944  
FAX: (404) 696-5999

**EMPLOYMENT VERIFICATION**

The individual signed below has submitted an application to Coldwell Banker Cascade Realty for an apartment at Cascade Garden Apartments.

Please provide the information requested and fax this form back to our office at 404-755-7381. You may call us with any questions at 404-755-7368. Thank you for your prompt response.

**Name of Applicant:** \_\_\_\_\_

I hereby authorize release of the information requested below.

\_\_\_\_\_  
**Applicant's Signature                      Date**

**(To Be Completed By Employer)**

**Dates of Employment:** \_\_\_\_\_

**Salary:** \$ \_\_\_\_\_ per \_\_\_\_\_ (year, month, week)

**Is Employment Permanent?** \_\_\_\_\_ Yes or \_\_\_\_\_ No

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Department

\_\_\_\_\_  
Company

