

CAPROCK APARTMENTS

1601 W. Somerville
Pampa, TX 79065

Date: _____

TO BE FILLED OUT BY APPLICANT:

Company Name: _____

Facsimile No: _____ Attn: _____

Telephone No: _____

I give Caprock 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 applicant and complete the above information. Please fax this form back to us at **(806) 665-7140**. If you have any questions please feel free to call us at (806) 665-7149.

Thank you,

Caprock Apartments

By: _____

Community Manager/Leasing Agent
(please print name above)