

Symphony Properties
Two Symphony Road
Boston, Massachusetts 02115
Tel: (617) 536-1400 Fax: (617) 859-3020

EMPLOYMENT VERIFICATION

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

RELEASE

Employee Name: _____

I hereby authorize the above employer to release all information regarding my employment, including salary information, as indicated below to Symphony Properties.

Employee Signature: _____

To be completed by EMPLOYER:

The above referenced party has made an application with us for an apartment and has listed your company as his/her present/previous employer. Please assist us by answering the following questions and returning this form by FAX to (617)859-3020.

1. Length of employment: _____

2. Prospects for continued employment: _____

3. Salary: \$ _____ per _____

Signature

Date

Printed Name & Title