



8200 66 St N, #2A, Pinellas Park, FL, 33781  
844-707-3773 & showing@10starshomes.com

## **Rental Verification**

ADDRESS: \_\_\_\_\_

DATE OF LEASE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*(RELEASE AUTHORIZATION: BY SIGING THIS FORM YOU GIVE PERMISSION FOR  
LANDLORD TO RELEASE THIS INFORMATION)*

**Applicants, do not complete anything below this line. Please return to our office.**

**We will have the rest of this form completed by your current/previous Landlord or Management Company.**

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### **This section is for Landlord or Management Company Only**

TERM OF RESDIENCY: \_\_\_\_\_

RENT AMOUNT: \_\_\_\_\_

#OF LATE PAYMENTS IN THE PAST 12 MONTHS: \_\_\_\_\_

ANY NEIGHBOR COMPLAINTS? \_\_\_\_\_ NO \_\_\_\_\_ YES

IF YES, NAUTRE OF COMPLAINT: \_\_\_\_\_

WOULD YOU RENT TO HIM/HER AGAIN? \_\_\_\_\_ NO \_\_\_\_\_ YES

IF NO, WHY? \_\_\_\_\_

SIGNATURE OF RENTAL

REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

Please email this form back to us