



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.

This section is for Landlord or Management Company Only

TERM OF RESIDIENCY: _____

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: _____