

# RENTAL VERIFICATION

The individual signed below has submitted an application to \_\_\_\_\_.

Please provide the information requested and fax this form back to our office at \_\_\_\_\_

Thank you for your prompt response.

Name of Applicant \_\_\_\_\_

I hereby authorize release of the information requested below for my rental address at:

STREET

CITY

STATE

ZIP

Applicant's Signature

Date

Dates of Residency: \_\_\_\_\_ through \_\_\_\_\_

Amount of Rent \$ \_\_\_\_\_ Has Lease Expired?  YES  NO

# of Late or NSF's  none  1  2  3  4 or more

(If 4 or more, did they occur within the last twelve months?  YES  NO

Has the individual complied with all community policies?  YES  NO

Does this individual keep an animal on the premises?  YES  NO

Has the animal at any time caused a problem or been a nuisance?  YES  NO

Eligible for re-rental  YES  NO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature