

RESIDENCY VERIFICATION REQUEST rev 11/04

Location of Rental Address: _____ _____ Phone: _____
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To: _____
Fax #: _____
From _____
Date _____

Resident's Name (s): _____
Address: _____

Lease date: From _____ to _____ or Month to Month
Proper Notice Given: Yes / No Rent Amount: \$ _____
Skip out: Yes / No # of late payment: _____
Eviction Files: Yes / No # of NSF checks: _____
Lease Expired: Yes / No Unpaid amount: \$ _____
Rating of Resident(s): Excellent Good Fair Poor

Neighbor complaints: Yes / No
Reason: _____
Property damage: yes / no / unknown Amount: \$ _____

Would you rent to this resident again: Yes / No / Can't Answer

Additional Comments: _____

I understand that filing a false report is frivolous and prohibited by law. I hereby declare the above information is true, correct and verifiable.

Completed by:

Name _____ Signature: _____
Position: _____ Date _____
Phone # _____ Address _____

Applicant(s) hereby authorize the location of rent (in boxed print above) to verify pertinent information to his/her residency at your property:

Applicant's printed name _____ Applicant's signature _____
Date _____