

VERIFICATION OF RESIDENCY

Community Name: _____

Address: _____

Phone #: _____ **Fax#:** _____

To Whom It May Concern:

The following individual has applied for residency. Your company name was listed as either a present or previous residency. In order to process the application, we request the following information be completed by a manager and faxed or emailed back. Your prompt attention and response is most appreciated.

Applicant Name: _____

Date of Residency: _____

Did Resident give 30 Day Notice? **YES** **NO**

If yes, for what move out date? _____

Any rent payments late? **YES** **NO**

If yes, how many? _____

Any NSF checks? **YES** **NO**

If yes, how many? _____

Any letters of non-compliance? **YES** **NO**

If yes, please explain? _____

Would you re-rent to this resident? _____

Verified By: _____

Title: _____

I authorize the release of pertinent information regarding my residency.

Applicant

Date