

River Club Apartments

105 Lighthouse Terrace Edgewater, NJ 07020 P: 732-517-7795 office@riverclubnj.com

VERIFICATION OF LANDLORD HISTORY

		Date		
Name _ Address	ation of information supplied by the applicant shown	ı below		
informa informa	rson has applied for an apartment at River Club Apartion that is used in determining this person's eligibition and returning it to River Club Apartments at the dot this release of information as shown here.	lity. We ask your co	operation in providing the following	
Inforn	nation being requested:			
	How long did the applicant reside at this a	ddress?		
		many bedrooms? How many people lived in this unit?		
3.	What was the monthly rent?	hly rent?		
		the rent? Gas Electric Heat Hot water		
5.	Was the applicant ever late in the payment of the monthly rent? If yes, how			
	many times after the 5 th of the month in the past year? 6. Was the applicant destructive to the apartment/home or the surrounding areas?			
6.				
	If yes, please explain			
7	What living condition did the applicant maintain? □Acceptable □Unacceptable			
7. 8.		per notice? What was the reason for leaving?		
9.	Would you re-rent to him in the future?	in the future? If not, Why?		
10.	Additional Comments:			
	Print name and title of person giving information	Name o	f Agency or Organization	
	Signature of person giving information	Date	Telephone number	
	hereby authorize the release of the requested information			
	Signature of Applicant	_	Date	