

VERIFICATION OF LANDLORD HISTORY

To:		Date:	
Verification Name	ation of information supplied by the applicant shown	below:	
	s		
SSN			
informa	ation that is used in determining this person's eligibiliation and returning it to Piscataway Park Apartments.	Apartments. We are required by the owner to verify all ity. We ask your cooperation in providing the following The applicant has consented to this release of information as	
	nation being requested: How long did the applicant reside at this address?		
2.	2. How many bedrooms? How many people lived in this unit?		
3.	What was the monthly rent?		
	4. What was included in 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 aft			
	5th of the month in the past year?	, <u> </u>	
6.	Was the applicant destructive to the apartment/home or the surrounding areas?		
	If yes, please explain		
7.	What living condition did the applicant maintain?	□Acceptable □Unacceptable	
8.	Did the applicant give proper notice?	What was the reason for leaving?	
9.	Would you re-rent to him in the future?	If not, Why?	
10.			
Duint	ame and title of person giving information	Name of Agency or Organization	
Print na	ame and title of person giving information	Name of Agency or Organization	
Signature of person giving information Date		Telephone number	
I hereby	y authorize the release of the requested information.		
Applicant Signature		Date	