



VERIFICATION OF LANDLORD HISTORY

TO: _____

Date: _____

ADDRESS

I hereby authorize the release of the requested information:

APPLICANT

SS#

ADDRESS

APPLICANT SIGNATURE

This person has applied for an apartment at Royal Towers. We are required by the owner to verify all information that is used in determining this person's eligibility. We ask your cooperation in providing the following information and returning it to Royal Towers NJ, LP, at the address below or email at office@royaltowersapartments.com. The applicant has consented to this release of information as shown here.

Information being requested:

1. How long did the applicant reside at this address? _____
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 after the 5th of the month in the past year? _____
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. Additional Comments:

PRINT NAME AND TITLE OF PERSON GIVING INFORMATION

NAME OF AGENCY OR ORGANIZATION

SIGNATURE OF PERSON GIVING INFORMATION

TELEPHONE NUMBER

DATE