

## 115 Davey Street, #A Bloomfield, NJ 07003 973.339.6067

## VERIFICATION OF LANDLORD HISTORY

To		Date		
	Verification of inf	formation supplied by the	applicant shown be	low.
Name _			appareum sire wir e e	
Address		_		
SSN		_		
informatinformati	son has applied for an apartment a tion that is used in determining this tion and returning it to the mailing of information as shown here.	s person's eligibility. We	ask your cooperation	on in providing the following
Inforn	nation being requested:			
	How long did the applicant reside at this address?			
	How many bedrooms? How many people lived in this unit?			
<i>3</i> .	What was the monthly rent? Gas □ Electric □ Heat □ Hot water			
	Was the applicant ever late in the payment of the monthly rent? If yes, how			
٥.	many times after the 5 <sup>th</sup> of the month in the past year?			
6.	Was the applicant destructive			
	If yes, please explain			
7	What living condition did th	a applicant maintain?	DA contable	
8.	Did the applicant give prope			
9.	Would you re-rent to him in the future? If not, why?			
	Additional Comments:			
	Print name and title of person give	ing information	Name of Agenc	y or Organization
	Signature of person giving inform	ation Date		Telephone number
	I hereby authorize the release of the requested information.			
	Signature of Applicant			Date