

VERIFICATION OF LANDLORD HISTORY

To:		Date:	
Verific Name	ation of information supplied by the applicant shown	n below:	
Addres	S		
SSN			
informa informa		race Apartments. We are required by the owner to verify all lity. We ask your cooperation in providing the following ents. The applicant has consented to this release of	
	nation being requested: How long did the applicant reside at this address? _		
2.	How many bedrooms? How many people lived in this unit?		
	What was the monthly rent? Heat □ Hot water		
3.	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?		
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.	10. Additional Comments:		
D :			
Print na	ame and title of person giving information	Name of Agency or Organization	
Signature of person giving information Date		Telephone number	
I hereb	y authorize the release of the requested information.		
Applicant Signature		 Date	