



RENTAL VERIFICATION FORM

Landlord/Complex Name_____	
Address_____	

Phone_____	Fax_____
Email_____	

The individual signed below has submitted a rental application to **Cash Holdings, LLC**.
Please provide the information requested and fax this form back to our office at
828-297-5330 or email to **cashholdingsboone@gmail.com**

Applicant to Complete this Section:

Name of Applicant (print name)_____

I hereby authorize the release of the information requested below for my rental address at:

Street_____

City_____ State_____ Zip_____

Signature_____ Date_____

Current/Previous Landlord to Complete this section:

Applicant is a ____current or ____past resident of our rental property.

Move-In Date_____ Lease Ending Date:_____

Amount of Rent \$_____

Number of Late Payments_____ Number of NSF Checks_____

Did resident give proper notice at end of lease? ____Yes ____No

Is there currently any past due amounts owed? ____Yes ____No

Has/Did the resident follow all community policies? ____Yes ____No

Did the resident leave the premises in good shape? ____Yes ____No

Have legal proceedings ever been filed on this resident? ____Yes ____No

Would you rent again to resident? ____Yes ____No

If no, please explain_____

Date_____ Signature_____