Resident Verification Form

_____ *has applied for a rental through our office. We ask that you complete this form so that we can evaluate the past/current rental history. Please fax the form to our office at 815 748-2841. Thank you for your time.*

Autumn Creek Management Services

Address of reference:_____
Lease dates: _____ (please write in start and end lease dates)

Applicant's authorization to release information:_____

Payment History:
Monthly rent_____ Number of adults signed to the lease_____
# of late payments:_____ # of NSF checks _____
Where the tenants ever served an eviction notice_____

Tenant/guest Conduct:
Where there any lease violations? _____ Unauthorized pets?_____
Unauthorized roommates?_____ Parties/noise complaints?_____
Citations from the City?_____ Drug use?_____
Where there any problems with disturbances?_____
Did the tenant/guests ever act in a disrespectful way towards management/staff?_____

Details:_____

Housekeeping/Apartment Condition
Have bed bugs or roaches been found in this unit during this tenancy?_____
Was the apartment kept clean?_____
Did tenant cooperate with showings?_____
Would you rent to this tenant again?_____

Additional comments:_____

_____

Completed by:_____ Title:_____ Date:_____

Please fax back to 815 748-2841