Landlord's Verification Form

We would appreciate your cooperation in providing us with the Landlord's Verification Information for one of your past residents named _____ This information is required as a part of our application approval process at our apartment communities.

Thank you for your cooperation.

Landlord's Name: _____

Person Contacted: _____ Phone: _____ Fax: _____

Applicant's Former Address: _____

_____

Rental Payment: $ _____ / per month Utilities Included: Yes / No

Length of Residency: _____ Payment History: Late / On Time

Condition of Apt. During Residency: (describe)_____

Security Expected To Be Paid in Full: Yes / No

Would You Rent to Applicant Again? Yes / No

Comments: _____

I hereby give my permission for the above named Landlord to release information as requested.

_____ _____

Resident Signature Date

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