

MENECIA JACKSON

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RESIDENTIAL VERIFICATION FORM

**Please complete and fax back as soon as possible, approval is pending*

Applicant's Name _____

Other leaseholder name(s) _____

Address/Apartment # _____

Property Name _____ **FAX Number** _____

Applicant's Signature _____

Applicant's signature indicates their approval for you to release all requested information

Move in date _____ **Lease expiration date** _____

Current rental amount \$ _____

Paid through date \$ _____

Number of late payments _____

Number of NSF payments _____

Have any eviction actions been filed? _____

Have there been any lease violations? _____

Has proper notice to vacate been given? _____

Would you lease to this person again? _____

Completed by _____ **Title** _____

PLEASE FAX BACK TO:

