

## Request for Rental History Information

To Whom it May Concern:

\_\_\_\_\_ has applied for residency at Fort Stewart Community. As a part of our application process, it is necessary that we obtain verification of rental history. Please complete this form and return it within two business days.

Sincerely,

\_\_\_\_\_  
Managing Agent

\_\_\_\_\_  
Date

### Authorization

I hereby authorize \_\_\_\_\_ (Landlord) to release the following information regarding my rental history.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Resident Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

Move-in date: \_\_\_\_\_

Move-out date: \_\_\_\_\_

NTV date: \_\_\_\_\_

Lease Expiration date: \_\_\_\_\_

Rental Amount \$ \_\_\_\_\_

Additional Monthly Charges: YES / NO

If YES, Amount \$ \_\_\_\_\_

Reason: \_\_\_\_\_

### To be Completed by Landlord

Is the account current?

☐ Yes ☐ No

Was sufficient notice given? ☐ Yes ☐ No

Does Resident pay on time?

☐ Yes ☐ No

If NO, please indicate number of late payments: \_\_\_\_\_

Any NSF's?

☐ Yes ☐ No

Number of returned checks: \_\_\_\_\_

Dispos filed?

☐ Yes ☐ No

Number of Dispos filed: \_\_\_\_\_

Pets?

☐ Yes ☐ No

Number of pets: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
Completed by:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Fax to: 912-408-2540/2461**