



LANDLORD VERIFICATION FORM

DATE: _____

TO: _____ FAX # _____

FROM: _____ FAX# _____

NUMBER OF PAGES SENT (INCLUDING COVER SHEET) _____

Residential Life LLC needs to verify information on _____

Who resides/resided at _____

1. Current Rent: _____
2. Dates of current or former lease _____
3. Number of late payments _____
4. Number of NSF payments _____
5. Did the applicant give proper notice? _____
6. Is the applicant's account paid in full? _____
7. Has legal action ever been taken against applicant? _____
8. Did applicant have any pets? _____

Signature of Agent verifying information

Date

Signature of Applicant

Date

PLEASE FAX BACK TO RESIDENTIAL LIFE LLC AS SOON AS POSSIBLE. THANK YOU!!

Residential Life LLC· 2929 Arch St. Suite 1351 Philadelphia, PA 19104· (O)215-508-2212·(F)215-508-2217