Landlord Verification Form

Community Name: UNITY PROPERTIES   **Email Address: info@unity-properties.com**

Phone Number: (678) 382-2833   Fax Number: (770) 200-1968

Landlord Name & Address

Attention: _____   Phone #: _____

Address: _____   Fax #: _____

_____   Email: _____

Regarding: _____   Unit #: _____
            (Applicant Name)

Applicant (Resident) Authorizing Release of Information: _____
_____
                                                              (Signature)
(Date)

This Section for Current Landlord to Complete:

1. How long has the applicant been at this address?   _____

2. ☐ Yes ☐ No   Did the applicant give you a proper notice?

3. What is the expected move-out date?   _____

4. How much was/is the monthly rent? $_____

5. ☐ Yes ☐ No   Was the rent paid on time?   If no, list the number of times late? _____

6. ☐ Yes ☐ No   Is/was the unit maintained in a safe & sanitary manner?

7. ☐ Yes ☐ No   Have there been any resident caused damages?

   If yes, explain
   _____

   _____

8. ☐ Yes ☐ No   Have there been any NSF's? If yes, how many? _____

9. ☐ Yes ☐ No   Have there been any lease violations issued to resident? If yes, how many? _____

10. ☐ Yes ☐ No   Have any dispossessory warrants been filed?   If yes, how many? _____

11. ☐ Yes ☐ No   Would you re-rent to the resident?

Please return all completed forms back to Unity Properties via email or fax: info@unity-properties.com FAX: (770) 200-1968

If no, why?

_____

_____

_____   _____   _____
SIGNATURE   TITLE   DATE