

RENTAL VERIFICATION FORM

Date: _____

To: _____ Landlord Fax/Email: _____

From: _____ Agent Fax: (540) _____, Phone: (540) _____

The following applicant(s) has applied for residency. Please complete the requested rental information below as soon as possible. Thank you for your time and complete cooperation.

Applicant Name (printed): _____

Applicant Name (printed): _____

Applicant hereby authorizes verification of any and all information as set forth in the Rental Application, including release of information by any Landlord (past or present).

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Current Resident Previous Resident

Name(s): _____

Address: _____

Dates of Occupancy: _____

Rental Amount: _____

Length of Occupancy: _____

Any Late Payments/NSF's? Yes No How Many? _____

Any Pets? Yes No How Many? _____

Property Kept in Good Condition? Yes No

Proper Notice Given? Yes No

Deposit Refunded? Yes No

Has a dispossessionary warrant ever been filed? Yes No How Many? _____

Is there a balance outstanding at this time? Yes No Amount \$ _____

Would you rent to this person(s) again? Yes No

Information Given By: _____

Title: _____ Phone Number: _____

OFFICE USE ONLY BELOW THIS LINE

VERIFIED BY _____

DATE _____



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