Tenant Verification Form

Applicant(s) please complete and sign top portion of form only. Your current & former landlords will be asked to complete bottom portion.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant(s) |  | | |
| Signature |  | Date |  |
| Signature |  | Date |  |

By the signature(s) above, the above named applicant(s) have authorized our company to check references for rental purposes. Please fill out the information requested below and fax back to the number below.

|  |  |
| --- | --- |
| Please call back to | 000-000-0000 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Property or Landlord Name | |  | | | | | | |
| Monthly rent amount | |  | | | Length of Residency | | |  |
| Number of late Payments | |  | | | Returned Checks? | | |  |
| Any documented Complaints? | |  | | | | | | |
| If so, please explain | | | | | | | | |
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|  | | | | | | | | |
| Was applicant asked to move? | | | |  | | | | |
| If no, Did applicant give Proper Notice? | | | |  | | | | |
| Was Unit Left in good condition? | | | |  | | | | |
| If no, Please explain Damages or cleaning Needed | | | | | | | | |
|  | | | | | | | | |
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|  | | | | | | | | |
| Any money left owing? | | |  | | | | | |
| Amount | | |  | | | | | |
| Would you re-rent to applicant? | | |  | | | | | |
| Additional Comments | | | | | | | | |
|  | | | | | | | | |
| Landlord Signature |  | | | | | Date |  | |

