

## RESIDENCY VERIFICATION

To Whom It May Concern:

Please fax \_\_\_\_\_

rental history. Thank you.

Address: \_\_\_\_\_

Date of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

I/We \_\_\_\_\_

hereby allow \_\_\_\_\_  
to inquire into my rental history.

Signature

Signature

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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**Landlord/Leasing consultant please fill out the following:**

Move in Date:

Move out Date:

Monthly Rent Amount:

Number of Late Payments:

Skip/Eviction?:

Lease Fulfilled?: