

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 _____

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?: