## CHICAGO APARTMENT CHICAGO APARTMENT FINDERS

Phone 1-888-FINDERS **FINDERS** www.chicagoapartment finders.comREQUESTING VERIFICATION FROM: PLEASE FAX OR EMAIL BACK TO: Property Owner/Rep: Leasing Agent: Phone Phone: Fax: Fax: Email: Email: I hereby authorize my landlord to disclose the information listed on the bottom portion of this form to CHICAGO APARTMENT FINDERS. APPLICANT'S CURRENT OR MOST RECENT LEASE ADDRESS UNIT NUMBER APPLICANT SIGNATURE APPLICANT NAME (PRINTED) DATE FOR LANDLORD OR CAF AGENT TO FILL OUT:

To Whom it Ma	y Concern:			
	te the following as soon as possible and r to complete an application for an apar			rmation is
Monthly Rent:	\$	Has rent been paid on time?	☐ YES	□ N0
Lease Term:	From://	Would you rent to them again?	☐ YES	□ N0
	To://			
Additional Com	iments:			
FAXED AU	THORIZATION PHONE AUTHORI	IZATION		
LANDLORD'S REPRESEN	NTATIVE (Please print)	CAF AGENT NAME (Please prin	t)	