

MAIL VERIFICATION OF RENTAL HISTORY

PROPERTY: \_\_\_\_\_

FAX BACK TO: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PH #: \_\_\_\_\_

TO: \_\_\_\_\_

FX #: \_\_\_\_\_

APPLICANT NAME(S): \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS INQUIRY: \_\_\_\_\_

THE PERSON LISTED ABOVE HAS APPLIED FOR RESIDENCY AT \_\_\_\_\_ APARTMENTS AND HAS INDICATED THAT YOU NOW OR HAVE RECENTLY LEASED TO THE PERSON(S) LISTED ABOVE. IN ORDER THAT WE MAY PROCESS THEIR APPLICATION, WE ARE ASKING FOR YOUR COOPERATION IN PROVIDING THE INFORMATION LISTED BELOW. A SIGNED AUTHORIZATION FORM IS ATTACHED.

1. WHEN DID THIS PERSON MOVE IN TO THIS ADDRESS? \_\_\_\_\_
2. IF THIS PERSON IS A CURRENT RESIDENT, HAVE YOU RECEIVED A 30 DAY NOTICE OF INTENT TO MOVE?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
3. WHEN DID THIS PERSON MOVE OUT OF THIS ADDRESS? \_\_\_\_\_
4. WHAT IS (WAS) THE MONTHLY RENT AMOUNT? \_\_\_\_\_ UTILITIES INCLUDED? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. IS(WAS) THE RESIDENT CURRENT ON RENTAL PAYMENT \_\_\_\_\_ YES \_\_\_\_\_ NO
6. HOW MANY TIMES DURING THE PAST 12 MONTH WAS THE RESIDENT LATE WITH RENT? \_\_\_\_\_
7. DOES (DID) THE RESIDENT KEEP THE PREMISES AND THE UNIT CLEAN? \_\_\_\_\_ YES \_\_\_\_\_ NO
8. HAS (HAD) THE RESIDENT DAMAGED THE UNIT AND/ OR PREMISES? \_\_\_\_\_ YES \_\_\_\_\_ NO  
PLEASE DESCRIBE: \_\_\_\_\_
9. HAS THERE EVER BEEN A BEDBUG INFESTATION IN THIS RESIDENT'S UNIT? \_\_\_\_\_ YES \_\_\_\_\_ NO
10. DOES (DID) THE RESIDENT PERMIT PERSONS OTHER THAN THOSE APPROVED TO LIVE IN THE UNIT?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
11. DID THEY HAVE PETS? \_\_\_\_\_ YES \_\_\_\_\_ NO
12. DOES (DID) THE RESIDENT CREATE ANY PHYSICAL HAZARDS TO THE PROPERTY OR TO THE  
THEIR NEIGHBOR(S)? \_\_\_\_\_ YES \_\_\_\_\_ NO
13. HAS (HAD) THE RESIDENTS CAUSED DISTURBANCES OR HAVE RECEIVED ANY COMPLAINTS?  
\_\_\_\_\_ YES \_\_\_\_\_ NO EXPLAIN: \_\_\_\_\_
14. HAS (HAD) THE RESIDENT ENGAGED IN SALE, USE, AND/OR POSSESSION OF ILLEGAL DRUGS OR  
EXCESSIVE ALCOHOL? \_\_\_\_\_ YES \_\_\_\_\_ NO EXPLAIN: \_\_\_\_\_
15. HAS (HAD) THE RESIDENT GIVEN ANY FALSE INFORMATION? \_\_\_\_\_ YES \_\_\_\_\_ NO  
EXPLAIN \_\_\_\_\_
16. IF THE RESIDENT MOVED AND RE-APPLIED FOR RENTAL IN THE FUTURE, WOULD YOU RENT TO HIM/HER  
AGAIN? \_\_\_\_\_ YES \_\_\_\_\_ NO EXPLAIN: \_\_\_\_\_
17. HAS THERE EVER BEEN AN EVICTION AND/OR LEASE NON-RENEWAL INITIATED ON THIS TENANT?  
IF SO, HOW MANY TIMES AND WHY? \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PH #: \_\_\_\_\_