

**REQUEST FOR RESIDENCY VERIFICATION
FOR CURRENT OR PREVIOUS TENANT(S)**

Date: _____

To: _____

Name / address of property: _____

Phone: _____

Fax: _____

Applicant's name: _____

The above named has applied for residency at _____ and has listed you as the landlord at the above address. Please complete and FAX this verification to **(440) 953-8707** as soon as possible. If you have questions, you may contact Rick Klimek at **(440) 953-8687**.

Thank you for your prompt response.

Name of lease holder: _____

Move-in date: _____ Move-out date: _____ Monthly rent: \$ _____

Number of late payments (incl. NSF): _____ Legal action taken: _____

Is tenant current at this time? _____ If not, balance due: _____

No. of occupants: _____ Any pets? _____

Was late notice given per lease agreement? _____ Would you re-rent to tenant: _____

Condition at move-out: _____

Additional comments: _____

Form completed by _____ Title: _____

Print name: _____ Date: _____

TENANT APPLICANT – SIGN, DATE AND PRINT NAME BELOW:

Authorization to release information

I hereby authorize _____ to furnish the information requested, and I release _____, it's officers, agents and employees from any and all liabilities which may result by reason of compliance with the above request.

Signature of applicant

Date

Print name