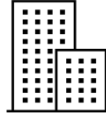


RENTAL VERIFICATION



Management name, address and contact information

_____ Email _____
_____ Fax _____
_____ Tel _____

RE: _____ XXX- _____ Unit # (if assigned)
Applicant/Tenant Name Social Security Number

I hereby authorize release of my rental history information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Return Form To: SanfordSquare@gmail.com

THIS SECTION TO BE COMPLETED BY MANAGEMENT

Tenant Name: _____ Length of residency: From: / / / To: / / /

Rental Amount: \$ _____ Was rent paid on time? ☐ Yes ☐ No Number of late payments: _____ Number of NSF's: _____

How many people are on the current lease and names? _____

How many pets? _____ What types? _____

Was portion or all of pet deposits returned to the resident? _____ Deposit amount returned? \$ _____

If resident moved out, was portion or all of security deposit returned? _____ Deposit amount returned? \$ _____

If no, why not? _____

Did the resident give proper notice? ☐ Yes ☐ No Would you re-rent to this resident? ☐ Yes ☐ No Have there been any problems? ☐ Yes ☐ No

If yes, please explain: _____

How many Landlord warnings were issued? _____ Was eviction ever started and or filed? ☐ Yes ☐ No

Additional remarks: _____

Manager's Signature

Manager's Printed Name

Date

Phone #

Fax#

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.