

REQUEST FOR RESIDENCY VERIFICATION
RESI MANAGEMENT

1020 Apartments – Library Courts

Phone: 703/812-9010 Fax: 703/812-9101

To: _____

Date: _____

The person/s below has made application for apartment rental with us. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized release of information about prior residency. Your comments or recommendation in this matter will be sincerely appreciated. Thanks for your prompt response.

RE: Resident's Name/s: _____

Occupancy Address: _____

Dates of Occupancy: _____

Request submitted by: _____ Title: _____ Phone/Fax: _____

APPLICANT'S AUTHORIZATION OF THIS INQUIRY:

I hereby consent to the release of my residency information.

Resident's Signature/s

Date Signed

PROPERTY OWNER'S OR MANAGEMENT AGENT'S COMMENTS

Move-in Date: _____ Move-out Date: _____

Amount of Monthly Rent: _____ Utilities Included? _____

Rent Paid: _____ ON TIME _____ OCCASIONALLY LATE _____ OFTEN LATE

Any NSF Checks? _____ If so, how many? _____

Any noise complaints? _____ If so, please describe: _____

Any pets? _____ Children (If so, how many?) _____

Housekeeping Habits: _____ GOOD _____ AVERAGE _____ POOR

Has resident fulfilled lease obligation? _____

Was security deposit refunded? _____ If not, please explain: _____

Would you re-rent to this person/s? _____ YES _____ NO (If not, please explain) _____

Other comments: _____

SIGNATURE: _____ TITLE _____ DATE _____