

RENTAL HISTORY VERIFICATION

Applicants Name	Signature	Date
ot Write Below This Line	- To be completed by leasi	ng consultant or empl
Rental Verification for:		
Address:		
Names of Other Leaseholders: _		
Rental Amount:	Length of Occupancy:	
Number of Late Payments:	Number of NSF Checks:	
Proper Notice Given:	Deposit Returned:	
Condition of Apartment:		
Pet(s) and Type:		
Complaints or Problems:(Please describe & include pet issues)		
Would You Re-rent to them:		
Landlord Signature:		

^{*} Please fill in the above information and fax back to (717) 354-9758.