

Apartment Rental Verification Request Form

CURRENT PREVIOUS

To: _____ Fax: _____

Attention: _____

Tenant Name: _____

Address: _____

Move-in Date: _____

Move-out Date: _____

Expire Date: _____

Was proper notice given? YES NO

Rental Amount _____

Number of Late Pays: _____ Number of NSF's: _____

Complaints: _____

Damage to Unit: _____

Would you Re-rent? YES NO

Verified by: _____

Position: _____

From: _____ Date: _____

PLEASE RELEASE MY INFORMATION FOR RESIDENCY.

APPLICANT'S SIGNATURE

DATE

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