



Tenant Verification

- Tenant, please fill out the top portion (1) ONLY
- Landlord, please fill out bottom portion (2) and sign a bottom.

(1) Date: _____

(1) Tenants Name: _____

(1) Apartment Applied for: _____

(1) Tenants Current Address: _____

(1) Landlords Name: _____

(1) Company Name: _____

(1) Company Phone: _____

(1) Company Fax: _____

(1) I authorize the release of the above information: _____

Client Signature

*****APPLICANT: DO NOT WRITE BELOW THIS LINE*****

Please provide the following information regarding the above tenant:

(2) Lease Ends: _____

(2) Monthly Rent: _____

(2) Length of Tenancy: _____

(2) Number of Late Payments: _____

(2) Number of 5-Day Notices: _____

(2) Will the entire security deposit be refunded? Yes _____ No _____

If No, Reason: _____

(2) Additional Comments: _____

(2) Signature: _____

(2) Position: _____

Signature,

The Apartment Source Agent