

## RENTAL VERIFICATION

NAME OF APPLICANT:	
NAME OF COMMUNITY ADDRESS PHONE NUMBER CONTACT	
LENGTH OF RESIDENCY:	
ANY NSF'S?	
IF YES, HOW MANY?	
MONTHLY RENTAL AMOUNT:	
ANY DOCUMENTED COMPLAINTS?	
ANY 5-DAY NOTICES GIVEN?	
30-DAY NOTICE GIVEN?	
WOULD YOU RE-RENT?	
NAME:	
TITLE:	
DATE:	
<b>THANK YOU FOR YOUR PROMPT RESPONSE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US. THANK YOU.</b>	

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 Resident's Signature

Date

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 Resident's Signature

Date

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 Community Manager's Signature

Date