

Landlord Verification

Future Resident's Name: _____

Move In Date: _____

Lease Expiration: _____

Move Out Date: _____

Rental Amount: _____

Number of Late Payments: _____

Any NSF checks: _____

Was a 30 day notice given: _____

Is rent in arrears: Y / N

If so how much: \$ _____

Would you re-rent: Y / N

Any problems: (please explain) _____

Your name: _____ **Title:** _____

I, _____, give permission for you to release any necessary information needed to Hidden Lakes Apartments for landlord verification.

Future Resident's Signature

Date