RENTAL VERIFICATION REQUEST

Applicant(s) please complete and sign top portion of form only. Your current & former landlords will be asked to complete bottom portion.

Name of Applicant(s)	
*Signature	
*Signature	
By the signature(s) above, the above named applicant	c(s) have authorized our company to check
references for rental purposes. Please fill out the informumber below.	rmation requested below and fax back to the
Please Email Back To TPMGr	management@gmail.com
Name:	
Monthly rent amount:	
Length of residency:	
Number of late Payments:	
Returned Checks:	
Any Documented Complaints? If so, please explain:	
Was Applicant asked to Move?	
If no, Did Applicant give Proper Notice?	
Was Unit Left in Good Condition?	
If no, Please Explain Damages or Cleaning Needed	
Any Money Left Owing?	Amount?
Would you Re-rent to applicant?	
Additional Comments:	
*LANDLORD SIGNATURE:	DATE