

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 _____

Date _____

*Signature _____

Date _____

By the signature(s) above, the above named applicant(s) have authorized our company to check references for rental purposes. Please fill out the information requested below and fax back to the number below.

Please fax back to (541)-548-1943

Property or Landlord 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 inn 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 _____