



VERIFICATION OF RENTAL HISTORY

We are requesting verification of rental history for the individual named below, who states they are current or former tenant(s).

Please complete this form and fax it to the number listed below.

Tenant's name: _____ Date: _____

Address: _____
(Number / street) (Apt #) (City) (State) (Zip code)

Move- in date ___/___/___ Moved out date ___/___/___ Security deposit \$ _____

Monthly rent \$ _____ Paid on time Yes / No Number of times late _____

What was included in rent? _____ Electric _____ Gas _____ Water

Number of household members _____ Did they follow the rules? _____

Complaints by others (explain)? _____

Any damage: ___ Yes ___ No Any pets? _____

Tenant rating from a scale of 1 through 10 (1 being the lowest score)

Section 8 Housing Program _____ Hap Portion _____ Tenant Portion _____

Would you rent to them again? ___Y___ N Did they give notice to move? ___Y___N

If former tenant, did you return full security deposit? _____

If not, why? _____

Person providing information: _____

Title: _____ Phone: _____