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 Number of late Payments Any Documented Complaints?

Length of residency Returned Checks?

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