

Rental Verification Form

The individual signed below has submitted a rental application to Cosmo Management. Please provide the information requested below and email this form back to our office at cristiane@thecosmoteam.com, or mail it to 9190 Biscayne Blv, #202, MIAMI FL33138 . Thank you for your timely Management.

TO BE COMPLETED BY LANDLORD/PROPERTY MANAGER

The applicant is a ☐ current resident or a ☐ past resident at your community

MOVE-IN DATE: _____	HAS PROPER NOTICE BEEN GIVEN ? <input type="checkbox"/> YES <input type="checkbox"/> NO
LEASE ENDING DATE: _____	ARE THERE ANY PAST DUE AMOUNTS OWED ON THE RESIDENT ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO
AMOUNT OF RENT: _____	HAS THE RESIDENT COMPLIED WITH ALL COMMUNITY POLICIES? <input type="checkbox"/> YES <input type="checkbox"/> NO
# OF LATE PAYMENTS: _____	HAVE LEGAL PROCEEDINGS EVER BEEN FILED ON THIS RESIDENT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
# OF NSF CHECKS: _____	IS RESIDENT ELIGIBLE FOR RE-RENTAL ? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME (PRINTED)

TITLE

SIGNATURE

PROPERTY NAME

DATE

PROPERTY PHONE NUMBER

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT (PLEASE PRINT)

I hereby authorize release of the information requested to support my application

APPLICANT's SIGNATURE

DATE