

APPLICATION VERIFICATION

BASIC INFORMATION

Applicant: _____ **Date of Verification:** _____
First Middle Last

Co-Applicant: _____ **Date of Verification:** _____
First Middle Last

EMPLOYMENT VERIFICATION

Applicant Employer: _____
Address: _____ Telephone: _____
Person Contacted: _____ Date and Time of Contact: _____
Currently Employed: Yes No Wage/Salary _____
Wage Verification: _____ (Pay Stub/W-2, etc.)

Other Applicant Income Verification: _____
Person Contacted: _____ Date and Time of Contact: _____
Income Verification: _____ (copy of award, copy of benefit statement, etc.)

Co-Applicant Employer: _____
Address: _____ Telephone: _____
Person Contacted: _____ Date and Time of Contact: _____
Currently Employed: Yes No Wage/Salary _____
Wage Verification: _____ (Pay Stub/W-2, etc.)

Other Co-Applicant Income Verification: _____
Person Contacted: _____ Date and Time of Contact: _____
Income Verification: _____ (copy of award, copy of benefit statement, etc.)

RENTAL REFERENCE

Previous Landlord: _____
Address: _____ Telephone: _____
Person Contacted: _____ Date and Time of Contact: _____
Rent paid: Yes No; Rent paid on time: Yes No; Did landlord terminate: Yes No
If tenant terminated, did tenant give notice Yes No; Damage to unit Yes No, If yes,
what was the damage to the unit _____
Other lease/rental agreement violations Yes No,
If yes, describe the other lease violations: _____
Neighbor Complaints Yes No, If yes, were they resolved Yes No

Previous Landlord: _____
Address: _____ Telephone: _____

Person Contacted: _____ Date and Time of Contact: _____

Rent paid: ___ Yes ___ No; Rent paid on time: ___ Yes ___ No; Did landlord terminate: ___ Yes ___ No

If tenant terminated, did tenant give notice ___ Yes ___ No; Damage to unit ___ Yes ___ No, If yes, what was the damage to the unit _____

Other lease/rental agreement violations ___ Yes ___ No,

If yes, describe the other lease violations: _____

Neighbor Complaints ___ Yes ___ No, If yes, were they resolved ___ Yes ___ No

PERSONAL REFERENCE

Person Contacted: _____ Date and Time of Contact: _____

Relationship to Applicant/Co-Applicant: _____ Reference Positive ___ Yes ___ No

Person Contacted: _____ Date and Time of Contact: _____

Relationship to Applicant/Co-Applicant: _____ Reference Positive ___ Yes ___ No

Credit Report Obtained: ___ Yes ___ No (If yes, attach)

Tenant Screening/Public Records Obtained: ___ Yes ___ No (If yes, attach)

Applicant Identification Verified: ___ Yes ___ No

Co-Applicant Identification Verified: ___ Yes ___ No