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: _____

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PREVIEW ONLY

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

PREVIEW ONLY

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