



RENTAL VERIFICATION REQUEST

Applicant(s) please complete and sign top portion of form only. Your current & former landlords will be asked to complete the bottom section.

Name of Applicant(s): _____

Signature: _____ Date: _____

Signature: _____ Date: _____

By the signature(s) above, the above names applicant(s) have authorized Eagle Rock Properties and it's affiliates to check references for rental purposes. Please fill out the information requested and provide to the on-site leasing office.

Property or Landlord Name: _____

Monthly Rent Amount: _____ Length of Residence: _____

Number of Late Payments: _____ Returned Checks: _____

Any Documented Complaints: _____ If so, please explain: _____

Was Applicant(s) asked to move? _____

If no, did Applicant(s) provide proper notice? _____

Was the apartment left in good condition? _____

If no, please explain damage or cleaning need: _____

Did the applicant(s) leave with a balance? _____ Amount: _____

Would you re-rent to the applicant(s) _____

Additional Comments: _____

Landlord Signature: _____ Date: _____

Name: _____ Title: _____