

RENTAL HISTORY VERIFICATION
(Upon completion please fax to: 678.278.3603)

Tenant Name(s): _____

Who is/are tenant(s) at: _____

Rental dates are FROM: _____ To: _____

Number of Late Rent Payments (Over 30 days) during this period: _____

Number of Dispossessory Filings on the tenant(s): _____

Amount Tenant pays per month: _____

Status of tenants in regards to caring for the property (Please circle):

Poor **Good** **Very Good**

Would you recommend this tenant to another landlord? (Please circle):

No **Neutral** **Yes**

Has there been any reason to call the authorities on the conduct of the tenant(s):

Verification made by (please print): _____

Phone Number: _____ Company name: _____

Email address: _____

Position of the individual completing verification: _____

Signature: _____ Date: _____

*** To be completed by previous/current landlord ONLY ***