

PASCHALL APARTMENTS

813 E. Michigan Ave. Ypsilanti, MI 48198 (734) 483-1136

LANDLORD VERIFICATION FORM

I, _____, give my consent for the release of the following information, and I also
(applicant name)

authorize that a copy of my ledger be given to Paschall Apartments concerning my residency at: (list 2 most recent landlords/addresses)

(name of apartment complex)

(applicant address)

(name of apartment complex)

(applicant address)

Applicant Signature: _____

LANDLORD USE ONLY

Dear Landlord:

_____ has an application for occupancy in progress at Paschall Apartments. Your name was given as a previous landlord. We would like your cooperation in determining whether or not the above mentioned would be suitable resident(s) in our community. Please complete the lower portion of this form and return to our leasing office at the above address. Any information you are able to provide will be greatly appreciated.

Did the resident(s) make his/her payments in a timely fashion? YES/NO

In the last 12 months:

How many times was the resident(s) late in paying their rent? _____

Did the resident(s) have any checks returned for NSF? YES/NO

Were there any damages to the premises to your knowledge? YES/NO

Lease inception date: _____ Lease expiration date: _____

Have you ever filed the residents in court? YES/NO

Monthly rental rate: _____

Do the resident(s) owe a balance now or when they moved out? YES/NO

If so, how much? _____

Did the resident(s) adhere to the rules and regulations, or terms of the lease during occupancy with you? YES/NO

Any complaints of non-residents loitering at the premises? YES/NO

Please explain: _____

Did the resident(s) give proper notice of lease termination? YES/NO

Would you lease to the tenant(s) again in the future? YES/NO

Please list any additional comments: _____

Form completed by: _____ Title: _____ Date: _____

Are you a friend or relative of the resident? YES/NO