PASCHALL APARTMENTS

1155 E. Forest Ave. Ypsilanti, MI 48198 (734) 483-1136

LANDLORD VERIFICATION FORM

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I,, give my consent for the release of the following information, and I also		
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 fashior	Ś	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 If so, how much?	>	YES/NO
Did the resident(s) adhere to the rules and regulations, or te	rms 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? Would you lease to the tenant(s) again in the future? Please list any additional comments:		YES/NO YES/NO
Form completed by:	Title: Date:	
Are you a friend or relative of the resident?		YES/NO