

Property Requesting Info: Northfield, Hamlet, + Stonegate Contact: Leasing Consultant

Fax #: 615-904-0061 Phone #: 615-904-9900

**RENTAL HISTORY VERIFICATION**

Date of Request: \_\_\_\_\_

Landlord/Community Name: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Current/Previous Address: \_\_\_\_\_

*Please sign below.*

I, X \_\_\_\_\_ do hereby give authorization for the release of the following information for rental purposes.

Move-In Date: \_\_\_\_\_ Lease Term: From: \_\_\_\_\_ To: \_\_\_\_\_

Number of People in Unit: \_\_\_\_\_ Pets: Yes \_\_\_\_\_ No \_\_\_\_\_

Was Proper Notice Given: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, time needed: \_\_\_\_\_

Rental Payment per Month \_\_\_\_\_ Any Utilities Included: \_\_\_\_\_

Number of Late Payments in Last 12 Months: \_\_\_\_\_

Number of NSF Checks in Last 12 Months: \_\_\_\_\_

Any Monies Owed: \_\_\_\_\_ If so, how much: \_\_\_\_\_

Has a Detainer been Filed: \_\_\_\_\_ Has Resident(s) been asked to Vacate: \_\_\_\_\_

Any Complaints: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

If unit inspected, any damages: \_\_\_\_\_

Would you Re-rent: Yes \_\_\_\_\_ No \_\_\_\_\_

Thank you in advance for your cooperation and prompt attention to this request!

Verified By: Name: \_\_\_\_\_ Position: \_\_\_\_\_

Please return to above listed fax number!!

*Please only fill out this section.*

*YOUR LANDLORD WILL FILL THIS SECTION OUT.*