Landlord's Verification Form

We would appreciate your cooperation in providing us with the **Landlord's Verification Information** for one of your past resident(s). This information is required as a part of our application approval process.

Thank you for your cooperation.

PART I: To be completed by Tenant

| | | | Authorization to Release Inf | ormation |
|------------------|------|----------|--|-----------|
| Tenant's Name(s) | | | I, give my permission to the to obtain & verify this inf | |
| Tenant's Address | City | Zip Code | to obtain a verify this in | ormation. |
| | | | Tenant's Signature | Date |

PART II: To be completed by Landlord

To the best of my knowledge the following people & pets live here. Please provide the number of persons in this household and, if possible, provide their names. And list pet and type.

| Total rent for this address is _\$ | □ Month | □ Week | Other | (specify) |
|---------------------------------------|------------|--------|--------|-----------|
| Utilities Included? | □ YES | □ NO | | |
| Would You Rent to Applicant Again? | □ YES | □ NO | | |
| Security Expected To Be Paid in Full? | □ YES | □ NO | | |
| Length of Residency? | Payment Hi | story | 🗆 Late | 🗆 On-time |

Condition of Apartment During Residency: (describe)_____

Comments: _____

| Landlord's Signature | Date | Point of Contact (Name) |
|-------------------------|-------------------|-------------------------|
| | | |
| Landlord's Name (print) | Daytime Telephone | Fax |

| Landlord's Address | City | Zip Code |
|--------------------|------|----------|

| Please Return to: | DAN LONG |
|-------------------|------------------|
| Fax: 530-325-3954 | 649 STARSTONE DR |
| rent@danlong.com | LAKE MARY |