

RENTAL VERIFICATION REQUEST

Applicant(s) please complete and sign the top portion of the form only. Your current and/or former landlord will be asked to complete the bottom portion.

Name of Applicant(s):	
Current Applicant(s) Address:	
*Signature:	
*Signature:	
By the signature(s) above, the above named applicant(s) hav purposes. Please fill out the information requested below ar	nd fax back to the number below.
Property or Landlord Name:	
Monthly Rental Amount: \$	Length Of Residency:
Number Of Late Payments:	Number Of Returned Checks:
Any Documented Complaints? If so, please explain:	
Was Applicant(s) Asked To Move? If no, did applicant(s) give proper notice? Was Unit Left In Good Condition? If no, please explain damages or cleaning needed:	
Any Money Left Owing?	Amount: §
Would You Re-Rent To Applicant(s)?	Amount. 5
Additional Comments:	
Landlord Signature:Phone Number:	

Office: 866-535-2040 info@smcf.us Fax: 443-675-0254