

WESTMINSTER CLUB APARTMENTS

REQUEST FOR RESIDENCY VERIFICATION

(APPLICANT FILLS OUT TOP SECTION, LANDLORD COMPLETES BOTTOM SECTION)

PLEASE FAX BACK TO: 912-264-4836

TO: _____

RE: RESIDENTS NAME: _____

OCCUPANCY ADDRESS: _____

DATES OF OCCUPANCY: _____

APPLICANT'S AUTHORIZATION

I HEREBY CONSENT TO THE RELEASE OF MY RESIDENCY INFORMATION

SIGNATURE: _____ DATE: _____

(TO BE COMPLETED BY LANDLORD)

DATE OF MOVE IN: _____ DATE OF MOVE OUT: _____

MONTHLY RENT AMOUNT: \$ _____ UTILITIES INCLUDED: _____

RENT GENERALLY PAID: _____ ON TIME _____ SOMETIMES LATE _____ OFTEN LATE

HOUSEKEEPING HABITS: _____ GOOD _____ AVERAGE _____ POOR

LEASE VIOLATIONS: _____

WOULD YOU RE-RENT? _____ YES _____ NO _____ NOT SURE

OTHER COMMENTS: _____

SIGNATURE: _____ DATE: _____

TITLE: _____ PHONE: _____

STAMP: