



RENTAL VERIFICATION FORM

I, _____, whose current address is _____, hereby give authorization for the release of rental information to Capital Realty Group River Region Property management and its representatives.

Signature: _____ Date: _____

NOTE: FOR LANDLORD'S OFFICE USE ONLY – TENANT PLEASE DO NOT WRITE BELOW THIS LINE. (Fill out top of form, sign/date, and give to your Landlord).

Landlord's Name: _____

Landlord's Phone: (____) _____ - _____ Fax: (____) _____ - _____

What was the above tenant's monthly rental amount: \$ _____

What was the start and end dates of the lease: From _____ To _____

Were there any late payments? Yes or No

If yes, number of late payments: _____

Were any checks returned NSF? Yes or No

If yes, number of NSF checks: _____

Was the security deposit returned? Yes or No

If not, please explain why: _____

Was proper notice given? Yes or No

Was the home left in good condition? Yes or No

What was the reason for vacating: _____

Would you re-rent to this person? Yes or No

If no, please explain why: _____

Additional comments:

Person verifying: _____

Position: _____

Signature: _____

Date: _____

Please Email or Fax the completed verification to:
Email: jeffwasserman1@charter.net
Fax: 334-356-8047