



222 East Bland Street
Charlotte, NC 28203
704.373.9004
Fax 704.373.9003

# \_\_\_\_\_

RENTAL VERIFICATION REQUEST

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize all third parties indicated on my application to furnish the information requested below to Circle at South End Apartments. I release all third parties, their officers, agents and employees from any and all liability associated with such disclosure of the requested information.

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To: (Company) \_\_\_\_\_

Attn: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The applicant identified above has applied with our community. The applicant listed you as a reference. Please fill in the "Third Party" information requested below that applies to you and return to the attention of \_\_\_\_\_ via fax at 704-373-9003. If you have any questions, please call us at 704-373-9004

RESIDENCY: \_\_\_\_\_ CURRENT \_\_\_\_\_ PREVIOUS

Applicant's Address: \_\_\_\_\_

- 1. Landlord Name: \_\_\_\_\_
2. Does SSN Match? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Rent Amount: \$ \_\_\_\_\_
4. Late Payments? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. Any NSF Checks? \_\_\_\_\_ YES \_\_\_\_\_ NO
6. Notice Given? \_\_\_\_\_ YES \_\_\_\_\_ NO
7. Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_
8. Deposit Refunded? \_\_\_\_\_ YES \_\_\_\_\_ NO
9. Eviction Filed? \_\_\_\_\_ YES \_\_\_\_\_ NO Balance Owed? \_\_\_\_\_
10. Would You Rent to this Person Again? \_\_\_\_\_ YES \_\_\_\_\_ NO
11. Verified By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_