



Landlord Verification Form

Community Name: **UNITY PROPERTIES**

Email Address: info@unity-properties.com

Phone Number: (678) 368-2133

Fax Number: (770) 200-1968

Landlord Name & Address

Attention: _____

Phone #: _____

Address: _____

Fax #: _____

Email: _____

Regarding: _____
(Applicant Name)

Unit #: _____

Applicant (Resident) Authorizing Release of Information: _____

(Date)

(Signature)

This Section for Current Landlord to Complete:

1. How long has the applicant been at this address? _____

2. Yes No Did the applicant give you a proper notice?

3. What is the expected move-out date? _____

4. How much was/is the monthly rent? \$ _____

5. Yes No Was the rent paid on time? If no, list the number of times late? _____

6. Yes No Is/was the unit maintained in a safe & sanitary manner?

7. Yes No Have there been any resident caused damages?

If yes, explain

8. Yes No Have there been any NSF's? If yes, how many? _____

9. Yes No Have there been any lease violations issued to resident? If yes, how many? _____

10. Yes No Have any dispossessionary warrants been filed? If yes, how many? _____

11. Yes No Would you re-rent to the resident?

If no, why?

SIGNATURE

TITLE

DATE