



ADDRESS VERIFICATION

TO (Company Name) : _____

ATTN: _____

Fax # (to): _____

The applicant listed below has applied for an apartment at our community, the Arbors of Mt. Vernon. Please fill out this form and return to us via Fax at (740) 392-1621, or via Email at AMVmanager@GranitePMC.com. If you have any questions, please call at (740) 392-9014. Thank You.

Applicant Name _____

My signature below authorizes you to release this information.

Applicant Signature

Date

- Is this person a current resident or a former resident? Current _____ Former _____
- How long did he/she live here? From: _____ To: _____
- Rental Rate: \$ _____
- Did the resident make his/her payments on time? Yes _____ No _____
- When does their lease expire? _____
- Did he/she have a roommate? Yes _____ No _____
- Did the resident adhere to the rules and regulations? Yes _____ No _____
- Did the resident give proper notice to vacate? Yes _____ No _____
- Were there any damages to premises? Yes _____ No _____
- Would you rent to them again? Yes _____ No _____

Previous Address Given: _____

Please list any additional comments below:

Signed _____ Title: _____

Please Print Name _____

Phone # _____ Date _____

Office Use Only Verbal Verification
Date _____
Spoke To _____

By _____