



ADDRESS VERIFICATION

TO (Company Name) : _____

ATTN: _____

Fax # (to): _____

The applicant listed below has applied for an apartment at our community, the Carriage Arms. Please fill out this form and return to us via **Fax at 888-203-7669, or via Email at CAAManager@GranitePMC.com.** If you have any questions, please call at (330) 238-8996. 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 _____