



22445 Lorain Road, Fairview Park, Ohio 44126
Phone: 440-523-9106
Fax: 440-827-6172

REQUEST FOR VERIFICATION OF RESIDENCY

We have an application for an apartment from _____ who states that you are or were his / her landlord at _____. We would appreciate the following information from you which will be held in confidence and will be used only in determining the eligibility for rental housing.

Date of residence: From _____ to _____

Monthly rent _____ Balance due at present _____

Was rent paid on time _____ Number of late payments _____

Lease expiration date _____ Was proper notice given _____

Any tenant damage to unit _____ If yes, explain _____

Evicted / skipped _____ Any pets _____

Would you rent to him/ her again _____

If no, explain _____

Comments _____

Completed by: _____ @ _____

Position / Title _____ Date: _____

Thank you for your assistance and response in supplying the information as requested. Please return this form via fax at (440) 827-6172 or mail to the above address. If you have any questions, please call (440) 523-9106.

Authorization to release rental information: _____

Date: _____