1445 WOODMONT LN N, Suite 1718 Atlanta, GA 30318

Main 404-530-9730 | Fax 470-906-0401

Residency Verification Form

(We will send this to your landlord. Fill in your name and sign bottom. The landlord will complete the rest)

Applicant: _____

Applicant: _____

The above applicant has applied for occupancy at a rental property and has consented to verification of rental history. We would appreciate your assistance in assessing their rental history. Please fax completed form to 407-906-0401 or scan and email to manager@newhousealliance.com.

TO BE COMPLETED BY LANDLORD:

1.Rental address:_____

2. Landlord/Manager::_____

3.Rental Period: From: _____ TO: _____

4.Number of Late Payments: 5-15 days _____ 16-30 days _____ Over 30 days _____

5.Did you have to file any warrants for eviction? _____

6.Did the tenant receive their deposit back? _____

7.Did the tenant receive their deposit back? _____ How much?_____

8.Did the tenant cause any damages?_____

9.Did the tenant give proper notice? _____

10. Would you re-rent to the tenant? _____

11. Are you related to the tenant? _____906

LANDLORD NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Newhouse Alliance is authorized to investigate my rental history. I authorize release of this information.

APPLICANT SIGNATURE: _____ DATE: _____

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