

Residency History Verification

To: Manager / Landlord / Agent

From: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

I have applied for residency at the above noted Apartment Community. I am required to disclose and verify my residency history. I would appreciate your cooperation in providing any residency history information to the above noted address.

Applicant Name _____

Apartment Number _____

Co-Applicant Name _____

Date of Residency and Move-Out _____

For Reference Use Only

1. Dates of Residency: _____ to _____
2. Monthly rent paid: \$ _____
3. Is/Was rent paid on time? Yes / No
4. Number of times late in past year: _____
5. Number in Household: _____
6. Is/Was Apartment kept in a clean and undamaged condition? Yes / No
7. Are/Were there any complaints against resident? Yes / No
8. Are/Were there any unauthorized residents? Yes / No
9. Would you renew your lease with this resident? Yes / No
10. Have/Were there any court actions taken against this resident? Yes / No
11. Will/Did you refund this resident's deposit? Yes / No
12. Does/Did this resident owe you any money? Yes / No
13. Are you related to this resident? Yes / No
14. Was this apartment ever treated for bed bugs? Yes / No
15. If yes, did the household comply with extermination efforts? Yes / No
16. Did this household ever give false or misleading information regarding income and assets? Yes / No
17. Please provide any details regarding negative responses: _____

Signature: _____

Title: _____

Printed Name: _____

Date: _____

Phone #: _____

Fax #: _____

For FAM Use Only

Was this interview conducted by phone: Yes / No

If yes, who did you speak with: _____ Title: _____

Date and time of conversation: _____ Phone: _____

Note: If this is a HUD Financed property Individual Consent Authorization (FAM form #H004B) must be attached.