RENTAL HISTORY VERIFICATION

I hereby authorize the release of my rental information to The Village of Pineford.

_____ _____ _____

Applicants Name Signature Date

Do Not Write Below This Line- To be completed by leasing consultant or employer

Rental Verification for: _____

Address: _____

Names of Other Leaseholders: _____

Rental Amount: _____Length of Occupancy: _____

Number of Late Payments: _____Number of NSF Checks: _____

Proper Notice Given: _____Deposit Returned: _____

Condition of Apartment: _____

Pet(s) and Type: _____

Complaints or Problems: _____
(Please describe & include pet issues)

_____

Would You Re-rent to them: _____

Landlord Signature: _____

Additional Comments: _____

_____

*** Please fill in the above information and fax back to (717) 944-9856.**

August 2008