<u>Landlord Verification</u> <u>Please fill out the top portion and give to your landlord to fill out the remaining portion.</u>

To Whom It May Concern: Your resident	applied
for an apartment at	_ and has authorized us to verify his/her rental
history. We would greatly appreciate your taking the tir	me to complete this form in a timely manner.
Should you have any questions or concerns, please do r	not hesitate to contact our office. Thank-You.

T	C :	4	1	·		•
Tenant's	Signature	to re	lease	inic	ormai	.10n

Date

<u>Customized Solutions www.customized--solutions.com</u> Phone 413-562-1429 Email this form back to us at Info@customized--solutions.com

Apartment Address:		City	State	Zip				
Lease Date:	StartEnd							
Monthly Rent:		Utilities Included						
Number of Late Payments:	Latest date paid in a month							
Number of NSF Payments:								
Any Court Filings?	Yes	No						
If Yes, Please indicate how many & nature								
Any noise complaints?	Yes	No						
Other Complaints?								
Pets:	Yes	No If yes, what kind						
Was proper notice given?								
Was apartment left in good condition?								
Reason for leaving?								
Would you re-rent to the above referenced person(s)? If no, please indicate why								
Rental History Verified By:								
Authorized signature		Printed authorized name		Date				