



Scarborough Place Apartments

RENTAL VERIFICATION FORM

Tenant's Name: _____

Present Address: _____

I hereby give authorization for release of this information:

Signature _____ Date: _____

Landlord: _____ Landlord's Phone #: _____

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

Monthly rent amount? _____

Start and end date of lease: _____ to _____

of late payments: _____ # of NSF checks: _____

Was security deposit refunded? _____ If not, why? _____

Would you re-rent to this tenant? _____

Additional comments: _____

Person Verifying: _____ Position: _____

Signature: _____ Date: _____