



116 N. Lindsay Rd., Suite 14  
Mesa, AZ 85213  
Office: 480-844-0600  
Fax: 480-844-9746

**RESIDENCY VERIFICATION REQUEST**

Date: \_\_\_\_\_

To: \_\_\_\_\_

Fax: \_\_\_\_\_

**We would appreciate your assistance with providing a rental verification on the following**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ UNIT # \_\_\_\_\_

DATES OF RESIDENCY \_\_\_\_\_ TO \_\_\_\_\_

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Rental amount: \$ \_\_\_\_\_ monthly

Paid on time? Yes \_\_\_\_ No \_\_\_\_

If no, # of times late and/or NSF payments \_\_\_\_\_

Complaints or Problems? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Cleaning/Damage charges? Yes \_\_\_\_ No \_\_\_\_

Amount owed (if any) \$ \_\_\_\_\_

Paid Yes \_\_\_\_ No \_\_\_\_

Fulfilled Lease? Yes \_\_\_\_ No \_\_\_\_

Any legal notices? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Would you re-rent? Yes \_\_\_\_ No \_\_\_\_

**FROM: \_\_\_\_\_ MARKETING/LEASING AGENT**

You declare that all your statements on this page of your application are true and complete. You authorize us to verify same. If you fail to answer any questions or give false information, we may reject this application, retain all fees and deposits as liquidated damages for our time and expense, plus terminate your right to occupancy. False information is a serious criminal offense. Any lawsuits relating to this application or lease contract the prevailing party may recover all attorney and litigation costs from the losing party. We may at any time furnish information to consumer reporting or rental housing owners regarding the compliance of the lease contract, rules and obligations.