

# RENTAL VERIFICATION

*This request for verification of rental history on the below referenced individual is part of the application approval process for residency in an apartment community managed by Pickering and Company.*

I, \_\_\_\_\_ ( \_\_\_\_\_ )  
Signature of Applicant Printed Name of Applicant

give permission for the information requested below to be released to Pickering and Company for the purpose of application approval.

Community or Landlord Name: \_\_\_\_\_

Address : \_\_\_\_\_

Dates of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_

Lease fulfilled? Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly rental amount: \$ \_\_\_\_\_ Number of times late \_\_\_\_\_

Number of NSF's: \_\_\_\_\_ Number of Court filings: \_\_\_\_\_ Evicted? Yes No

Do they currently have a pet? Yes No Complaints: \_\_\_\_\_

Does resident currently have a balance on their account? Yes No

If so, how much? \$ \_\_\_\_\_

Would you re-rent to this person? Yes No

Name and title of person verifying information: \_\_\_\_\_  
(Please print title)

\_\_\_\_\_  
(Signature of person verifying information)

\_\_\_\_\_  
(Printed name of person verifying information)

Please fax back to (336) 854-4417. Thank you!