

# 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 Stone Ridge 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 (910) 689-2522. If you have any questions please call (910) 689-2521. Thank you!