RENTAL REFERENCE VERIFICATION

| Date of Request: | _ | | | |
|---|--|---|---|--|
| To: | _ | | | |
| Regarding: | _ | | | |
| Applicant Name: | | | | |
| Address: | | | | |
| Applicant Name: | | | | |
| Landlords Phone Number: | | | | |
| I hereby authorize the release of the info | ormation below. | | | |
| Applicant Signature | Date | - | | |
| This person named above has applied findicated that you are a present or past relating to his/her living in your dwelling soon as possible. Please, fill in the requirement (318) 528-8487 or email to Ainsbrook contact us. Thank you for your cooperations. | landlord. The ap . Please answer quested informat @icloud.com. | plicant has autl the questions b ion below and | norized us to re elow and retur return to our | equest information in this statement as office by fax at |
| Move-In Date | Amount of Mon | thly Rent | | |
| What Utilities Were/Are Paid By Renter | ? | | | |
| How Many Times Was Rent Late? | | | | |
| How Many Late Fees Were Paid? | | | | |
| Is Rent Current At this Time? | | | | |
| Number of Persons Living In the Unit? | Adults | Children | <u> </u> | |
| Any Damages Beyond Normal Wear & | Tear? | | | |
| Cleanliness: Good | _ Fair | | Poor | |
| Willingness to Comply With Rules: Goo | odFair | Poor | | |
| Would You Rent To This Person Again? | ? YES | NO | _ | |
| Additional comments: | | | | |
| | | | | <u> </u> |
| Signature and Title of Person Providing | Information: | | | |
| Date: | | | | |