Delbert & Janet Wilks

 Rental Verification Form

**Applying for Address:**

Current Landlord: From: *WilksApts*

Landlord's Address: Landlord's Phone: Landlord's Fax: Landlord's E-Mail:

Contact: *Janet Wilks*

Phone: *620-443-5015*

Fax: *620-443-5015 (Not Dedicated)*

E-Mail: *info@wilksapts.com*

 Name of Resident Applying:

Current Address:

Street

Length of Residency:

City State

thru

Zip Code

Month Day Year Month Day Year

|  |  |
| --- | --- |
| **!!FOR OFFICE USE ONLY!!** | **To whom it may concern:** |
| A rental application has been submitted to Wilks Apts. The undersigned |
| applicant has given permission for you to verify the information below: |
| Length of residency: |  |
| Monthly Rent: |
| Number of late payments: |
| Number of insufficient fund checks: |
| Has proper notice been given: |
| Would you re-rent: |
| Additional comments: |
|  |
| Rental Representative: |
| Signature | Date |
| Thank you for your prompt response! |  |

My signature indicates consent to release the above information:

X

Signature of Tenant Applicant Date