

806 E. Jackson Blvd., Suites 5 & 6

Jonesborough, TN 37659

**Rental Verification Form**

To be completed and signed by applicant.

Date:

Attn:

Fax:

The following applicant has applied for residency at one of our properties. Please verify the information given below and fax to: (423)913-2445

Name(s): Address: Address:

Applicant hereby authorizes verification of all information set forth in the application for rental, including release of information by any landlord (past or present).

Signature Date

Section to be completed and signed by landlord.

Company Name: Address: City, State, Zip: Phone:

☐Current Resident ☐Previous Resident

Date of Occupancy: Length of Occupancy: Rental Amount:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Any Late Payments? | □ Yes | □ No | How Many: |  |
| NSF’s? | □ Yes | □ No | How Many: |  |
| Any Pets? | □ Yes | □ No |  |  |
| Proper Notice Given?  Deposit Refunded? | * Yes * Yes | * No * No | □ Pending |  |
| Has a detainer warrant ever been filed? | | | □ Yes | □ No |
| Is there a balance outstanding to your community? | | | □ Yes | □ No |

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature Date



Title

Office (423) 913-2555 ° [www.wolfe-development.com](http://www.wolfe-development.com/) ° (423) 913-2445 FAX