**RENTAL VERIFICATION FORM**

# Landlord: Address:

Phone #:

The undersigned has applied for an apartment at Runaway Bay Apartments. As part of the application approval process we would appreciate you taking the time to answer the questions below. Any additional information you might provide to further assist the application process would be most appreciated (this form must be filled out by the landlord).

RESIDENTS NAME: ADDRESS:

LEASED FROM: ORIGINAL RENT:

TO: CURRENT RENT:

HAS RESIDENT (S) GIVEN PROPER NOTICE?: IS RENTAL ACCOUNT SATISFACTORY?: IS ACCOUNT IN ARREARS? IF YES, BALANCE DUE: $ NUMBER OF LATE PAYMENTS: HAVE YOU HAD TO FILE UNLAWFUL DETAINER?: IF YES, HOW MANY TIMES?: DATE RENT IS CONSIDERED LATE: LEASE VIOLATIONS DURING RESIDENCY: WOULD YOU RECOMMEND?

ADDITIONAL INFORMATION:

INFORMATION PROVIDED BY:

PHONE #: FAX #: TITLE: DATE:

We appreciate your assistance in this matter. Please return this original form in the self-address stamped envelope provided.

Signature of Applicant Date Signature of Applicant Date

***Sharon Berends, Community Manager***

Agent of Runaway Bay Apartments Title Date

103 Overlook Dr. 410-677-3555 (Office)

Salisbury, MD 21804 410-677-3556 (Fax)