

## **LANDLORD VERIFICATION**

Date:	
То:	
Resident:	
Address:	
Lease Start Date: End Date:	
Rent Amount:	
Roommates:	
Late Rent: Yes No If Yes, How Many	Have you ever had to file?
Any Noise Complaints/Problems? Yes	No
Did Resident give proper Notice? Yes	No
Overall Good Resident? Yes	No
Would you rent to them again? Yes	No
Additional Comments:	
Person who verified:	Position: