



RENTAL VERIFICATION

The individual signed below has submitted an application to **THE HERITAGE AT FREEMASON HARBOUR**. Please provide the information requested and fax this form back to our offices at **(757) 623-0791**.

Name of Applicant _____

Name of Spouse _____

I hereby authorize release of the information requested below for my rental address at:

STREET

CITY

STATE

ZIP

APPLICANT'S SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

Dates of Residence: From _____ Through _____

Monthly Rent: _____ Has Lease Expired? Yes No

Number of NSF's: None 1 2 3 4 or More

(If 4 or more, did they occur within the last twelve months?) Yes No

Has the individual complied with all community policies? Yes No

Does this individual keep an animal on the premises? Yes No

Has the animal at any time caused a problem or been a nuisance? Yes No

Is the individual eligible for re-rental? Yes No

SIGNATURE

DATE

