



**RENTAL PROPERTY
YOU ARE APPLYING FOR:**

ADDRESS: _____

UNIT#: _____

RESIDENCY VERIFICATION REQUEST

Property Mgmt. Co.: _____

Contact: _____

Phone No.: (____) _____

Fax No.: (____) _____

Date: ____/____/____

Email Address: _____

FROM:

Urban Aire Realty, Bret Derrickson, as Agent
29w455 Hawthorne Ln., Warrenville, IL 60555

OFFICE: 630.791.9150 FAX: 312.265.6559

bret@bretderrickson.com
www.urbanairerealty.com

The person(s) named below has made application for apartment/housing rental with us. You were listed as having rented to the applicant. The applicant by his/her signature, has authorized you to release information about their residency. Your comments or recommendation on this matter will be sincerely appreciated.

PLEASE FAX BACK ASAP 312-265-6559

RESIDENT'S NAME(S) _____ Signature: _____

OCCUPANCY ADDRESS _____ Unit _____ City _____

PROPERTY OWNER'S OR PROPERTY MANAGEMENT'S COMMENTS

Lease Start Date: ____/____/____

Lease Expiration Date: ____/____/____

Amount of month rent \$ _____

Was proper notice given? Yes No

Rent generally paid: On-time Occasionally late Often late

Is account current? Yes No

Houskeeping habits: Good Average Poor

Full Security Deposit Refunded? Yes No

If no, please explain: _____

Eviction proceeding ever started? Yes No

Would you probably rent to this person again? Yes No Unknown

Noise complaints Yes No How many? _____

Pet complaints Yes No How many? _____

Comments: _____

Signature _____ Title _____ Date: ____/____/____