



RENTAL VERIFICATION

The individual signed below has submitted a rental application to Flagship Property Management

Please provide the information requested and fax this form back to our office at 888-502-1220.

Thank you for your prompt response.

Name of Applicant (please print) _____

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

Applicant's Signature

Date

Please note if the applicant is a current resident or a past resident at your community.

Move-In Date: _____ Lease Ending Date: _____

Amount of Rent: \$ _____

of Late Payments: _____ # of NSF checks: _____

Has Proper Notice been Given?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there currently any past due amount owed on the resident's account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the resident complied with all community policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this resident keep an animal on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the animal at any time caused a problem or been a nuisance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have legal proceedings ever been filed on this resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is resident eligible for re-rental?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date

Signature

Comments: _____