



ADDRESS APPLYING FOR: _____

DESIRED MOVE IN DATE: _____

RENTAL VERIFICATION REQUEST FORM

As part of their application, potential tenants are required to have this form filled out by **at least one** former landlord.

NAME OF APPLICANT*: _____

SIGNATURE: _____ DATE: _____

BY THE SIGNATURE(S) ABOVE, THE APPLICANT(S) HAVE AUTHORIZED THE RELEASE OF ANY AND ALL OF THE FOLLOWING INFORMATION TO RICK HIPKINS PROPERTIES FOR RENTAL PURPOSES.

***IF THERE ARE MULTIPLE CO-APPLICANTS, THIS FORM MUST BE COMPLETED FOR/BY ALL APPLICANTS**

ALL INFORMATION BELOW THIS LINE IS TO BE FILLED OUT BY A FORMER LANDLORD/ MANAGEMENT COMPANY.

MANAGEMENT COMPANY/ LANDLORD NAME: _____

PROPERTY ADDRESS: _____

OCCUPANCY DATES: _____ TO _____

RENT AMOUNT (\$): _____ PAID: _____ WEEKLY _____ MONTHLY

(If back rent is owed, please attach accounting of months and amounts)

RENT INCLUDES: _____ UTILITIES _____ WATER _____ NO UTILITIES

IF SUBSIDIZED RENT, PLEASE LIST TENANT PORTION (\$): _____

HOW MANY OCCUPANTS? _____

WAS THERE EVER AN EVICTION FILED/THREATENED? _____

LATE PAYMENTS? _____ NUMBER OF LATE PAYMENTS: _____

ANY RETURNED CHECKS/ NSF? _____ NUMBER RETURNED: _____

PETS? _____ NOISE? _____ VIOLATIONS? _____

WAS SECURITY DEPOSIT RETURNED? _____

WAS PROPER NOTICE FOR VACATING GIVEN? _____

REASON FOR VACATING PROPERTY? _____

ELIGIBLE TO RENT FROM YOU AGAIN? _____

ARE YOU RELATED TO THE TENANT? _____

COMMENTS: _____

INFORMATION

PROVIDED BY: _____

SIGNATURE

DATE

TITLE/POSITION

CONTACT INFO

THANK YOU FOR FILLING OUT THIS FORM

This form can be FAXED: (803) 796 - 5274 or EMAILED: info@hipkins.com