



RESIDENTIAL RENTAL VERIFICATION FORM

Applicant Names:	
Present Address:	

Hereby grants permission to the authorized company to release the information as described below to Clark Real Estate.

Tenant Signature:	
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TO BE COMPLETED BY CLARK REAL ESTATE ONLY

Length of tenancy	years	months
Rental payments made on time	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Return checks	Yes <input type="checkbox"/> How many?	No <input type="checkbox"/>
Was proper notice to vacate given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any documented complaints/damages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is applicant breaking a lease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any eviction, breech, etc., filed?	Yes <input type="checkbox"/> How many?	No <input type="checkbox"/>
Was applicant asked to vacate?	Yes <input type="checkbox"/> Why?	No <input type="checkbox"/>
Did applicant reside with co-applicant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Applicant responsible party on lease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you related to the applicant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you re-rent to this applicant	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company:	Contact:
Phone:	Fax:
Email:	