

LANDLORD VERIFICATION

Date: _____

Charles Pointe Apartments
201 W Millstone Rd
Florence, SC 29505
(843) 661-0111 (office)
(843) 661-7424 (fax)

To: _____

Re: _____
SS#: _____
Unit #: _____

To Whom It May Concern:

The above referenced individual has authorized the release of all requested information. Thank you for your cooperation in completing the information on this form and returning it to Charles Pointe as soon as possible.

Marsha Harper
Property Manager

Dates of applicant's tenancy from _____ to _____ current rent is \$ _____

Is/was applicant current on rent? _____

Has/was applicant ever late? _____ How often? _____

Has applicant ever been served eviction papers for non-payment? _____

Has applicant ever been served eviction papers for material non-compliance? _____

Does/did applicant keep the unit clean and sanitary? _____

Does/did the applicant have any pets? If so, what type/breed? _____

Has/had applicant, family or guests damaged the unit or common areas? _____

If so, describe _____

Does/did applicant permit unauthorized occupants in the unit? _____

Would you rent again to the applicant? _____ if no, please explain _____

Has the applicant given notice to vacate? _____

Name and title of person supplying the information

Signature

Date

**I hereby give my permission for the above requested information to be released.

signature of applicant/resident

Date