



3900 Whispering Way
Grand Rapids, MI 49546

REQUEST FOR LANDLORD VERIFICATION

Applicant Information

Name: _____

Address: _____

Social Security #: _____

Landlord Information

Name: _____

Phone #: _____

Fax #: _____

Applicants Consent to Release Information: _____

LANDLORD VERIFICATION

Date of Move In: _____

Are they still leasing? _____

Was notice given? _____

When: _____

Monthly Rental Obligation: _____

Payments made on time? _____

Number of Late Payments: _____

Number of NSF's: _____

Have you begun court proceedings? _____

Number of complaints: _____

Condition of apartment: _____

Would you re-rent? _____

If no, why? _____

Signature of person providing information: _____

Position: _____

Date: _____