

PRAIRIE VISTA DUPLEX APARTMENTS

417 Broadway, Larned KS. 67550

620-285819 Office

620-285-8544 Fax

VERIFICATION OF RENTAL HISTORY

TO: \_\_\_\_\_

We are requesting verification of rental history for the individual named below, who states they are a present or former tenant.

Please complete the information and fax to \_\_\_\_\_.

Thank you for your cooperation.

Cordially,

**I HEREBY AUTHORIZE YOU TO RELEASE INFORMATION REGARDING MY TENANCY TO THE INQUIRING LANDLORD.**

\_\_\_\_\_  
TENANT SIGNATURE

\_\_\_\_\_  
DATE

Rental history of \_\_\_\_\_

Date moved in \_\_\_\_\_ Moved out \_\_\_\_\_ Monthly rent \$ \_\_\_\_\_

Was rent paid on time? \_\_\_\_\_ Number of times late? \_\_\_\_\_

What was included in rent? \_\_\_\_\_

Number of persons in family? \_\_\_\_\_ Did they follow the rules? \_\_\_\_\_

Complaints by others (explain)? \_\_\_\_\_

Care of rental unit: \_\_\_\_\_

Any damage? \_\_\_\_\_ Any pets? \_\_\_\_\_

Overall rating as a tenant (good, fair, poor, explain) \_\_\_\_\_

Would you rent to them again? \_\_\_\_\_

Did they give notice to move? \_\_\_\_\_ If former tenant, did you return full security deposit? \_\_\_\_\_

If not, why? \_\_\_\_\_

Person providing information: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

SUBMIT TO ;