

Sharon Green Townhomes, LP.
1318 Barnes Drive Columbus, Ohio 43229
(614) 885-6498 Fax (614) 888-6461

Landlord Verification of Residence

Name of Applicant: _____

Apartment Community Applying For: Sharon Green Townhomes, LP

Consent to release Information: _____
Signature Required

Address of Previous Resident: _____

Landlord's Name: _____

Phone #: _____ Fax #: _____

Date of Residency: From: _____ To: _____

Amount of Monthly Rent: \$ _____ # of Occupants: _____

of Late Payments _____ # of Returned checks: _____

of Disturbance Complaints: _____ # of Times Police Called: _____

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|--|-----|----|
| Did the resident or his (her) family/guest damage the apartment or property? | YES | NO |
| If yes, has the resident paid for the damages? | YES | NO |
| Did the resident violate the lease agreement in any way? | YES | NO |
| Did the resident violate any of the house rules in any way? | YES | NO |
| Has the resident given proper notice to vacating the unit? | YES | NO |
| Would you rent to this individual again? | YES | NO |
| Did the unit have any pets? | YES | NO |
| Has the unit been treated for Roaches or Bed Bugs? | YES | NO |
| If yes please indicate which? _____ | YES | NO |
| Was there or will there be a Mutual Rescission? | | |

Additional Comments:

Signature: _____ Date: _____

Title: _____

The above individual is requesting residency at our complex and has authorized the release of the requested information. Please complete this form and fax it back as soon as possible to the above fax number. If you have any questions, please feel free to call: (614) 885-6498. All information will be held in strict confidence. Thank you!