

MARIETTA LIFE

(770) 436 – 7744

Admin@MariettaLife.com

Rental Verification

To: _____
(Name of Landlord or Agency)

Date: _____

Email: _____

Phone: _____

Address: _____

Fax: _____

Person(s) named above have applied for an apartment in Marietta Life. Please, fill in the following information, so we may verify their previous/present rental history information. Thank you for your assistance.

Marietta Life Management Signature

Date

I hereby authorize Marietta Life to make inquiries regarding my residency for the purpose of determining my eligibility for residency.

Applicant's Signature

Date

Lease Began: _____ Move Out or Lease End Date: _____

Proper Notice Given: Yes No Number of Occupants: _____ Pets: _____

Monthly Rental Amount: _____ Security Deposit Amount: _____

Was Rent Paid On Time: Yes No # of Late Payments: _____ # of NSF's: _____

Dispo/Eviction Filed: Yes No If Yes, How Many: _____

Balance Due Currently: _____ Any Lease Violations: Yes No

Would You Lease to Them Again: Yes No If No, Explain: _____

Comments: _____

Manager or Agent Signature

Title

Date