



RE/MAX
LEGACY

Rental Verification Form

Date: _____

Property Address: _____

Tenant's Name: _____

Present Address: _____

I hereby give authorization for release of this information:

Signature: _____

Landlord: _____

Landlord Phone #: _____

TO BE COMPLETED BY PREVIOUS LANDORD

Monthly Rent Amount: _____

Lease Start: _____ End: _____

Number of late payments in the last 12 months: _____

Number of NSF checks: _____

Has tenant given proper notice to vacate? _____

Was the security deposit returned? _____

If not, why? _____

Additional comments: _____

Person Verifying: _____

Position: _____

Signature: _____

RE/MAX Legacy 2301 E. Sunset Rd. #7, Las Vegas, NV 89119
admin@J1SRealEstate.com
Office: 702.205.6099
Fax: 866.805.8430