



**39 Trammell St. Marietta, GA 30064**  
**Phone: 770.693.1600 / 404.512.5839**  
**Email: managercliftonridge@gmail.com**

To: \_\_\_\_\_  
(Name of Landlord or Agency)

Date: \_\_\_\_\_

RE: \_\_\_\_\_

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_  
Management Agent

I hereby authorize Victorian Village to make inquires regarding my residency for the purpose of determining my eligibility for residency.

\_\_\_\_\_  
Applicant 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 at this time: \_\_\_\_\_ Indicate amount due: \_\_\_\_\_

Would You lease to them again:  Yes  No If no, explain: \_\_\_\_\_

Any Lease Violations:  Yes  No If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Manager or Agent Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date