



LANDLORD VERIFICATION

To: _____ Date: _____

Applicant Name: _____

Rental Address: _____

I hereby authorize the release of the requested information.

Signature

Date

Signature

Date

TO BE COMPLETED BY LANDLORD:

1. Dates of residency From: _____ To: _____
2. Are you a friend or relative of the above named person(s)? ☐ Yes ☐ No
3. What is the total amount of rent? \$_____ per month
4. Was rent paid on time? ☐ Yes ☐ No
- a. If not, how late? _____
- b. How often? _____
5. Was the unit kept clean, safe, and sanitary? ☐ Yes ☐ No
6. Did the resident(s) or their guests cause any damage to the property or the unit? ☐ Yes ☐ No
7. Were there any problems with insect / rodent infestation? ☐ Yes ☐ No
- a. If yes, was housekeeping a contributing factor? ☐ Yes ☐ No
8. Were unauthorized persons allowed to reside in the unit? ☐ Yes ☐ No
9. Have the resident(s) or their guests engaged in criminal activity on or near the property? ☐ Yes ☐ No
10. Were any disturbances reported? ☐ Yes ☐ No
11. Were there any reported problems with the neighbors? ☐ Yes ☐ No
12. Did the resident give proper notice for vacating? ☐ Yes ☐ No
13. What date will / did the resident's lease responsibility end? _____
14. Does the resident(s) owe any money? ☐ Yes ☐ No
- a. If yes, how much? _____
15. Would you re-rent to the resident(s)? ☐ Yes ☐ No
- a. If no, please explain: _____

Additional Comments: _____

Signature: _____ Title: _____
Phone Number: _____ Date: _____

If you have any questions regarding this form, please call Bushaw Properties at (507) 382-9237.