

AshevilleKARE Property Management

46 S. Market St. Asheville, NC 28801

Phone: 828-356-5593

Email: info@ashevillekarepm.com

Ashevillekarepm.com

To Whom It May Concern:

We are requesting verification of rental history for the individual named below who states they are a present or former tenant. Please complete the information and email to info@ashevillekarepm.com.

Thank you for your cooperation.

Apartment Complex/Private Owner/Agency (Name): _____.

Person filling out this form: Name/Title: _____ Date: _____

Rental Reference Request for:

*I HEREBY AUTHORIZE YOU TO RELEASE INFORMATION
REGARDING MY TENANCY TO THE INQUIRING LANDLORD.*

Tenant Printed Name/Signature

Date

Tenant Printed Name/Signature

Date

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

Verified by: **Monica/Kerry**

Date of First contact was made to landlord: _____

Date of Second contact made to landlord: _____

**IF UNSUCCESSFUL IN MAKING CONTACT WITH PREVIOUS LANDLORD, DECISION WILL BE MADE
UPON IF THERE ARE ANY EVICTIONS LISTED ON CREDIT REPORT**

1) Did the tenant(s) pay their rent on time? **Yes/No** How much was it? _____

2) Did the tenant(s) take good care of the property? **Yes/No**

3) Do the tenant(s) have any pets? **Yes/No**

4) Were there any reported problems of disorderly criminal behavior? **Yes/No**

5) Would you rent to the tenant(s) again? **Yes/No**

If not, why? _____