

2870 ½ Personality Parkway Marietta, GA 30060 orchardspringstownhomes@mariettalife.com 770-436-7744

Rental Verification

The following applicant(s) has applied for an apartment at Orchard Springs. Please complete the following information and email it to Orchardspringsapartments@gmail.com. We appreciate your prompt response. Thank you in advance.

Leasing Consultant:			_	
I hereby authorize the re	elease of the following	rental history r	equested.	
Applicant Signature:		Date:		
Please verify the follow	ring rental information	:		
Name:				_
Current/ Previous Addre	ess:			
City:	State:	Zip:		
Lease Dates:				
Monthly rent: \$	Delinquent payme	nts:	NSF's:	
Would you re-rent this a	applicant? YES	No		
If not, Why?				
Pets?Yes	No Did they give pr	oper notice?	Yes	_No
Any Warrants?Ye Contact Number:				
Signature:		Date: _		
Title				