MARIETTA LIFE

To be sent in by previous/current community to the email listed below: Apply@MariettaLife.com

Rental Verification

| To: | Date: | |
|---|----------------------------------|-----------------------------------|
| To:(Name of Landlord or Agency) | | |
| Email: | Phone: | |
| Address: | | |
| Person(s) named above have applied fo information, so we may verify their pre-assistance. | • | |
| Marietta Life Management Signature | Date | |
| I hereby authorize Marietta Life to mak my eligibility for residency. | e inquiries regarding my residen | cy for the purpose of determining |
| Applicant's Signature | Date | |
| Lease Began: | Move Out or Lease End Da | te: |
| 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: | <u></u> |
| Balance Due Currently: | Any Lease Violations: Y | es 🗆 No |
| Would You Lease to Them Again: ☐ Y | 'es □ No If No, Explain: | |
| Comments: | | |
| | | |
| Manager or Agent Signature | Title | Date |