



Rental Verification

APPLICANT: Please complete the TOP SECTION ONLY of this form, and then forward it to your landlord to complete the bottom section and return it to us.

I hereby authorize the release of my information by my landlord and request my landlord to complete this verification form:

APPLICANT NAME: _____

SIGNATURE: _____

DATE: _____

LANDLORD INFORMATION:

COMPANY NAME: _____ EMAIL: _____

LANDLORD NAME: _____ FAX: _____

PHONE: _____

LANDLORD: Thank you very much for completing the below section of this form and returning it to us via **EMAIL: ed@hawkmgmt.com** or via **FAX: (424) 217-5228**. Please feel free to call us at (424) 777-9848 with any questions. THANKS!

THIS SECTION TO BE COMPLETED BY LANDLORD:

Tenancy: Move-In Date: _____ Move-Out Date: _____

Does the Tenant pay on time? Yes No

Has this tenant ever paid late? Yes No If yes, how many times? _____

Have you ever had any problems with this Tenant? Yes No

Did you receive sufficient notice of intent to move? Yes No

Comments: _____

Signature of Person Verifying

Date