



I/We _____ and/or _____ authorize
(Signed Applicant 1) Date (Signed Applicant 2) Date

Promax Management, Inc. to process Residency Verification.

Request for Residency Verification

The individual(s) listed below are applying for a rental property through us. You were listed as having rented to them. Your comments, recommendations and all information provided regarding the rental history will be appreciated. Please be advised, when issuing an approval or a denial decision, we do not disclose any information to our applicant(s) as to who provided the information or what the information entails. We know this is a lot of information to provide, however we cannot render a valid decision unless we know how this applicant(s) was as a resident of yours. Thank you.

Requested By: Rachel Gresham / Promax Management rgresham@promaxrealtors.com

Resident's Name: _____

Occupancy Address: _____

Move In Date: _____ Move Out Date: _____ Was Proper Notice Provided: _____

Management Notice or Payer/Quit Ever Given: _____ Over Occupancy Concern: _____

Monthly Rent Amount: _____ How Many Late(s) or NSF During Tenancy: _____

Balance Remaining and How Much: _____ If So, What For: _____

Court Action Taken: _____ House Keeping Habits: _____

Damage Charges Before or After Moving Out: _____ Explain: _____

Would you rent to this applicant(s) again: _____ If No, Why Not: _____

Additional Information: _____

Name of Person Providing Information: _____ Title: _____