

# RENTAL VERIFICATION FORM

Landlord/Complex Name Address

Phone Fax Email

The individual signed below has submitted a rental application to **Cash Holdings, LLC.**

Please provide the information requested and fax this form back to our office at

**828-297-5330** or email to **cashholdingsboone@gmail.com**

**Applicant to Complete this Section:**

Name of Applicant (print name)

I hereby authorize the release of the information requested below for my rental address at: Street

City State Zip

Signature Date

**Current/Previous Landlord to Complete this section:**

Applicant is a current or past resident of our rental property. Move-In Date Lease Ending Date: Amount of Rent $

Number of Late Payments Number of NSF Checks

Did resident give proper notice at end of lease? Yes No Is there currently any past due amounts owed? Yes No Has/Did the resident follow all community policies? Yes No Did the resident leave the premises in good shape? Yes No Have legal proceedings ever been filed on this resident? Yes No Would you rent again to resident? Yes No

If no, please explain

Date Signature

# Cash Holdings, LLC 870 NC Hwy 105 Bypass, Boone, NC 28607 828-406-7556