

806 E. Jackson Blvd., Suites 5 & 6

Jonesborough, TN 37659

**Rental Verification Form**

*To be completed and signed by applicant.*

Date:

Attn:

Fax:

The following applicant has applied for residency at one of our properties. Please verify the information given below and fax to: (423)913-2445

Name(s): Address: Address:

Applicant hereby authorizes verification of all information set forth in the application for rental, including release of information by any landlord (past or present).

Signature Date

*Section to be completed and signed by landlord.*

Company Name: Address: City, State, Zip: Phone:

☐Current Resident ☐Previous Resident

Date of Occupancy: Length of Occupancy: Rental Amount:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Any Late Payments? | □ Yes | □ No | How Many: |  |
| NSF’s? | □ Yes | □ No | How Many: |  |
| Any Pets? | □ Yes | □ No |  |  |
| Proper Notice Given?  Deposit Refunded? | * Yes * Yes | * No * No | □ Pending |  |
| Has a detainer warrant ever been filed? | | | □ Yes | □ No |
| Is there a balance outstanding to your community? | | | □ Yes | □ No |

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature Date



Title

Office (423) 913-2555 ° [www.wolfe-development.com](http://www.wolfe-development.com/) ° (423) 913-2445 FAX