

Yolandra "Faith" Martin-Thomas\*

IL Real Estate Broker

Phone 773-301-1091 Fax 708-843-5843

**RENTAL VERIFICATION REQUEST**

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize all third parties on my application to furnish the information requested below to **IL Real Estate Broker-Yolandra Martin**. I release all third parties, their officers, agents and employees from any and all liability associated with such disclosure of the requested information.

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**To: (Company)** \_\_\_\_\_

**Attn:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

The application identified above has applied with: Owner of Record The applicant listed you as a reference. Please fill in the "Third Party" information requested below that applies to your and return it to the attention of

**Faith Via Fax 708-843-5843 . If you have any questions please call us at 773-301-1091.**

**RESIDENCY** ☐ **CURRENT** ☐ **PREVIOUS** *(Completed by third party landlord only)*

Applicant Address: \_\_\_\_\_

Lease Holder Name: \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Lease Exp: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Current Mo. Rent Paid: \_\_\_\_\_ # of Late Payments: \_\_\_\_\_ # of Late Payments in Last 12 Months: \_\_\_\_\_

# of Bad Checks: \_\_\_\_\_ Outstanding Balance: \_\_\_\_\_ Amount \_\_\_\_\_ Pets: \_\_\_\_\_

Skip : \_\_\_\_\_ Eviction: \_\_\_\_\_ Amount \_\_\_\_\_ Notice Required: \_\_\_\_\_ Notice Given: \_\_\_\_\_

# of Occupants \_\_\_\_\_ Apartment Condition: \_\_\_\_\_

Any Lease Violations: \_\_\_\_\_ If yes please describe: \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

**Notes:** \_\_\_\_\_