

## REQUEST FOR RESIDENT VERIFICATION

Date: \_\_\_\_\_

From: \_\_\_\_\_

To (Property): \_\_\_\_\_

Attention: \_\_\_\_\_

Fax #: \_\_\_\_\_

Tel. #: \_\_\_\_\_

The applicant below has applied for residency at \_\_\_\_\_. As a part of our screening process, we require verification of his/her residency at your community prior to occupancy of the apartment.

Resident(s): \_\_\_\_\_

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

Apartment #: \_\_\_\_\_

I authorize you to release all residency information required by Campus Suites.

Applicant's  
Signature: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

How many late rent payments: \_\_\_\_\_ NSF's: \_\_\_\_\_

Amount of rent: \$ \_\_\_\_\_

Has resident given proper notice? \_\_\_\_\_

Would you re-rent? \_\_\_\_\_

Additional  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Information given by: \_\_\_\_\_ Position: \_\_\_\_\_

**PLEASE RETURN FAX TO # 480-967-3300**

**TELEPHONE # 480-966-3300**