

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 407-210-4238

TELEPHONE # 407-902-2502 x105