

RENTAL HISTORY VERIFICATION REQUEST FORM

Realty Masters & Associates

Phone:949-354-4464

Email: Leasing@GrantLoel.com

Landlord or Property Manager: _____

Current Residence: _____

Fx: _____ Phone: _____ Email: _____

By signing below, I authorize the above mentioned landlord/management company to completely and accurately answer these questions regarding my residency. I hereby release them from any liability for the answers provided.

Applicant Name: _____ Date: _____

Applicant Signature: _____

Please complete the following information and email back to us.
We appreciate your prompt response. Thank you!

Applicant: _____

Co-Applicant: _____

Lease Start Date: _____ Move In Date (If different): _____

Lease End Date: _____ Move Out Date (If different): _____

Rental Amount: \$ _____

Is Rent Paid On-Time? Yes _____ No _____ Explain: _____

Number of NSF's: _____ Number of Late Payments: _____

Number of Lease Violations: _____ Explain: _____

Was Proper Notice Given? Yes _____ No _____ Explain: _____

Total Balance Remaining: \$ _____

Of the total balance remaining, how much of it includes the following:

Outstanding Rent: \$ _____

Damage to property: \$ _____

Concessions: \$ _____

Would You Re-Rent? Yes _____ No _____ Explain: _____

Additional Comments: _____

Completed By: _____ Title: _____

Signature: _____ Date: _____