



1665 NE Jensen Beach Blvd
Jensen Beach, FL 34957
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Previous Rental Verification

FAX: _____
PHONE: _____ DATE: _____
RE: _____ CC: _____

***COMMENTS:** THE INFORMATION IN THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL INTENDED ONLY FOR THE USE OF THE RECIPIENT NAME ABOVE. IF THE READER IS NOT THE INTENDED RECIPIENT YOU ARE HERBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE. THANK YOU

MR, MRS OR MS. _____ HAVE SUBMITTED AN APPLICATION (S) FOR RENTAL. IT WOULD BE VERY HELPFUL IF YOU COULD ANSWER THE FOLLOWING QUESTIONS:

WHO IS FILLING OUT THE REPORT? _____
WHAT IS THE NAME OF COMPLEX? _____
HOW LONG DID THEY LIVE THERE? DATES FROM: _____ TO: _____
WHAT WAS THE AMOUNT OF RENT? \$ _____ - _____
DID THEY PAY ON TIME? YES _____ OR NO _____
DID THEY FULFILL THEIR LEASE? YES _____ OR NO _____
WHERE THEY EVICTED? YES _____ OR NO _____
WAS THERE DAMAGE TO THE PROPERTY ? YES _____ OR NO _____
WAS SECURITY DEPOSIT RETURNED IN FULL? YES _____ OR NO _____
WOULD YOU RENT TO THEM AGAIN? YES _____ OR NO _____

COMMENTS:
