



**ABERDEEN
COMMONS**

**22445 Lorain Road, Fairview Park, Ohio 44126
Telephone: 440. 212.9792 Facsimile: 216.803.0130**

REQUEST FOR VERIFICATION OF RESIDENCY

We have an application for an apartment from _____ who states that you are or were his / her landlord at _____. We would appreciate the following information from you which will be held in confidence and will be used only in determining the eligibility for rental housing.

Date of Residence: From _____ to _____

Monthly rent _____	Balance due at present _____
Was rent paid on time _____	Number of late payments _____
Lease expiration date _____	Was notice given _____
Any tenant damage to unit _____	If yes, explain _____
Evicted / Skipped _____	Any pets _____
Would you rent to him/her again _____	If no, explain _____

Completed by: _____ @ _____

Position _____ Date _____

Thank you for your assistance and response in supplying the information as requested. Please return this form via fax at (216) 803.0130 or mail to the above address. If you have any questions, please call (440) 212.9792.

Authorization to release rental information: _____

Date: _____