



# SKYLINE PROPERTIES

901 N. Milton Avenue  
BALTIMORE, MARYLAND 21205  
(410) 633-6000 PHONE  
(410) 633-6003 FAX

## RENTAL VERIFICATION FORM

Date:

To:

Re:

I hereby consent to the release of the information requested:

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

\_\_\_\_\_  
Date

Please provide a verification of residency on the above named individual. The applicant consents to the release of information pertaining to his/her rental history. Please mail or fax back as soon as possible.

1. Is the applicant currently renting from you ? ( ) Yes ( ) No

Date move in: \_\_\_\_\_

Move-out Date: \_\_\_\_\_

2. Amount of Rent: \_\_\_\_\_

3. Date rent due: \_\_\_\_\_ Date usually paid: \_\_\_\_\_

4. Has the resident ever been late in the payment of the monthly rent ? \_\_\_\_\_

If yes, how many times in the past 12 months ? \_\_\_\_\_



If the resident has moved out, how many times during his/her residency was rent paid late ?

\_\_\_\_\_

Did the resident leave owing a balance ? \_\_\_\_\_ If yes, how much does the resident owe ?

\_\_\_\_\_

5. Lease is in the name(s) of: \_\_\_\_\_

6. Number of occupants: \_\_\_\_\_

7. Lease is schedule to expire: \_\_\_\_\_

8. Days notice required: \_\_\_\_\_

9. Proper notice given: \_\_\_\_\_ Date vacated: \_\_\_\_\_

10. Any neighbor complaints: \_\_\_\_\_

11. Any problems with management: \_\_\_\_\_

12. Does/Did the applicant adhere to your housing rules and regulations ? ( ) Yes ( ) No

\_\_\_\_\_

13. Upkeep of Apartment/House: \_\_\_\_\_

14. Would Landlord re-rent to this Tenant(s): \_\_\_\_\_ If no, please explain why: \_\_\_\_\_

\_\_\_\_\_

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Signature of person completing verification: \_\_\_\_\_

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

Thank you for your time and assistance.

