



Rental Verification

Please fill out completely and fax back to 330-467-1708 to the attention of Louis Jacobs or Phil Scantland. If you have any questions, please call Louis at 216-973-3593 or Phil at 330-468-0091. Thanks in advance for your help.

I authorize the release of the information below: _____
Applicant Signature

Landlord: _____ Phone #: _____

Did the following person(s): _____

Live at: _____ Yes No

Dates of residence: _____

Were rental payments forwarded in a timely manner each month in accordance with the policies of your office? Yes No

If no, state the number of months and occurrences: _____

Does the resident have any NSF checks on file? Yes No If yes, # of times _____

What was / is the monthly rent? _____

Does the resident have an outstanding balance? Yes No If yes, how much? _____

Have any complaints been filed on the resident? Yes No

Have the Police been called on the resident? Yes No

Any reported housekeeping issues? Yes No

Would you rent to the resident again? Yes No

Additional comments or information: _____

Completed by: _____ Title _____ Phone # _____

355 Ledge Road.
Macedonia, Ohio 44056
330-468-0091