



RENTAL VERIFICATION

The individual signed below has submitted an application to NMD Realty. Please provide the information requested and fax this form back to our office at 817-485-8960. Thank you for your prompt response.

Name of Applicant _____

I hereby authorize release of the information requested below for my rental address at:

STREET

CITY

STATE

ZIP

Applicant's Signature

Date

Dates of Residency: _____ through _____

Amount of Rent \$ _____ Has Lease Expired? YES NO

of Late or NSF's none 1 2 3 4 or more

(If 4 or more, did they occur within the last twelve months? YES NO

Has the individual complied with all community policies? YES NO

Does this individual keep an animal on the premises? YES NO

Has the animal at any time caused a problem or been a nuisance? YES NO

Eligible for re-rental YES NO

Date

Signature