

Residential History Verification

RE: _____ <i>Applicant's Name</i> _____	Address _____ City, ST, Zip _____ Development _____ Manager _____ Phone _____ Fax _____ Email _____
Information Requested By / Please Return To: Homes at Fountain Green 1900 N. Fountain Green Road Bel Air, MD 21015 Phone: 443-256-0300 Email: FountainGreen@hrehllc.com	

This person has applied for residence in our community. As part of our screening process we must verify previous rental history. Your prompt return of this information is necessary to assure timely processing of the application. Please provide the following information and return to us. A consent to release this information can be found below or attached to this form. Thank you.

RELEASE: I hereby authorize the release of the requested information to the entity named above. _____
Applicant's Signature _____ *Date* _____

THIS SECTION TO BE COMPLETED BY THE LANDLORD

1	How many people reside(d) in the unit?	_____
2	Month and year residency began:	_____
3	Month and year residency ended:	_____
4	Was the rent paid on time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	How much is/was the monthly rent?	_____
6	Amount in arrears at this time:	_____
7	# of times late in the last 6 months:	_____
8	Have you begun/completed eviction proceedings for non-payment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Have you begun/completed eviction proceedings for reasons other than non-payment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please explain: _____	
10	Does (did) the resident maintain the unit in a safe and sanitary manner?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: _____	
11	Have there been any problems with neighbors or management staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: _____	
12	Have there been any resident caused damages to the unit or common areas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: _____	
13	Has the resident given notice to vacate?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Would you rent to this household again?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If not, please state why: _____	
15	Any additional information you may care to provide would be helpful (complaints/pets): _____	

INFORMATION PROVIDED BY:

Person Supplying Information (please print) _____
Title or relationship to applicant _____
Signature & Date _____
Phone Number and/or Email _____

We sincerely appreciate you taking the time to fulfill this request, thank you!