



4TH STREET LOFTS

RENTAL VERIFICATION

This Section to be Completed by Applicant:

I, _____ have applied for an apartment at 4th Street Lofts. My preferred move-in date is _____, 20__.

I give my authorization to release any information regarding my residency at the following rental address (current or most recent):

Street Address:			
City/State/Zip:			
Dates Rented:	From:	To:	
Name of Landlord:			
Landlord Phone #:			
Applicant Signature:		Date:	

This Section to be Completed by Applicant's Previous Landlord:

- Was proper notice given? Yes No
- Are there any outstanding debts? Yes No
- Were there any late charges? Yes No

If so, how many? _____ When? _____

- Were there any non-sufficient funds payments? Yes No

If so, how many? _____ When? _____

- Were all lease conditions met & rules complied with? Yes No

If NO, what were the violations? _____

Amount of rent being charged? \$ _____

- Would you re-rent to? Yes No

Comments: _____

Authorized Representative Title Date

Please fax completed form to: (785) 532-9136

4th Street Lofts
410 South 3rd Street
Manhattan, KS 66502