

## *Verification Of Residency*

DATE: \_\_\_\_\_

RESIDENT'S NAME: \_\_\_\_\_

RESIDENT'S NAME: \_\_\_\_\_

RESIDENT'S ADDRESS \_\_\_\_\_

CURRENT RESIDENT \_\_\_\_\_ PREVIOUS RESIDENT \_\_\_\_\_

Rental dates: From \_\_\_\_\_ To \_\_\_\_\_

Rental Amount: \$ \_\_\_\_\_ Per Month

Number Of Late Payments: # \_\_\_\_\_

Number of NSF Payments: # \_\_\_\_\_

Any complaints or lease violations in residents file: \_\_\_\_\_

If Yes Please Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proper Notice given: \_\_\_\_\_ Yes \_\_\_\_\_ No

Lease Term Fulfilled: \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

**PLEASE RETURN VIA FAX TO:**  
**502-292-6810**  
**Attn: Dundee Place**