

RESIDENT VERIFICATION REQUEST

(Please help us by filling this out and faxing back to us ASAP)

Date: _____ Fax: _____

To: _____ Phone: _____

RE: _____

Address: _____

Resident Status: Current Former Apartment #: _____

Monthly Rent: _____ Current Balance Due: _____

Length of current lease: _____ Total length of residency: _____

Does / Did resident pay on time: Yes No How many late payments: _____

Any NSF's: Yes No If so, how many? _____

Breaking Lease? Yes No Lease Expiration: _____

Was 30-day notice of intent to vacate given: Yes No

Would you re-rent: Yes No If No Why _____

Any complaints/violations: _____

Comments: _____

Name & Title of person completing this form _____

AUTHORIZATION:

I declare all the above information to be true under penalty of perjury. Applicant hereby gives NorthStar Management & Consulting, Inc and its authorized agents permission to utilize any and all of the above information to approve or disapprove this application. Any misstatement of fact may be grounds for terminating any agreement between applicant and landlord.

Signed: _____ Date: _____

Thank you for your cooperation.

Property: Monterey Garden Apartments

Contact Name: Loretta Swart - Manager

Phone: 520-745-1698 Fax 520-747-1587