Landlord Verification of Tenancy

Tenant Name(s): _____

Address: _____

1. Have the Tenant(s) ever paid rent late? Yes ☐ No ☐ If Yes, How many times? _____
2. Any bounced checks? Yes ☐ No ☐ Any 3 day notices served? Yes ☐ No ☐
3. Did/Does the Tenant(s) have ay pets? Yes ☐ No ☐

   If Yes, did you have any issues or damage? _____
4. How long have the Tenant(s) rented from you? _____
5. Did the Tenant(s) have any HOA violations? _____
6. Any Complaints against the Tenant(s)? _____
7. Would you rent to the Tenant(s) again? Yes ☐ No ☐

Comments: _____

_____

Completed By: _____ Title: _____

Phone: _____ Email: _____