

RESIDENCE VERIFICATION REQUEST FORM

To: _____ Date: _____

Landlord Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

I, _____ have applied for residency at a property managed by IBF Property Management LLC
(APPLICANT NAME) and hereby authorize you to provide the information requested below:

_____ Date _____

Applicant's Signature

		Monthly Rent	Was Rent Paid on Time?	
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address of Residency		If not, how many times was it late?		
X		NSF Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord's Signature		If NSF, how many times?		
Term of Residency		Would you rent to this person again? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Start Month	Start Year	End Month	End Year	If not, Why?

OWNER'S COMMENTS (to be filled out by landlord only)

Verified by: _____

Title: _____

Thank you for your assistance.