

PERKINSON & ASOCIATES

RENTAL VERIFICATION

919-467-7936 / 919-467-6533 fax

Applicant's Name: _____ **Date:** _____

I hereby authorize release of the information requested below.

Applicant's Signature: _____

Address of residence: _____

City _____ State _____

** To be filled out by person providing reference **

Dates of Residency: _____ through _____

Rental rate \$ _____ **Lease expiration date:** _____

of late payments ___ 1 ___ 2 ___ 3 ___ 4 or more

Does the applicant have pets on the premises? Yes ___ No ___

Has the pet caused any problems? Yes ___ No ___

Has applicant followed policies for the unit. Yes ___ No ___

Date: _____

Signature: _____

Community or Rental Agency: _____