



RENTAL VERIFICATION

The individual signed below has submitted an application to **Louisville Properties**. Please provide the information requested and fax this form back to our office at **(502) 253-9961**.

Thank you for your prompt response.

Name of Applicant: _____

I hereby authorize the release of the information requested below for my rental address at:

STREET CITY STATE ZIP

Dates of Residency: _____ through _____

Amount of Rent \$ _____ Has Lease Expired? YES NO

of Late or NSF's: none 1 2 3 4 or more

(If 4 or more, did they occur in the last 12 months?) YES NO

Has the individual complied with all community policies? YES NO

Does the individual keep an animal on the premises? YES NO

Has the animal at any time caused a problem or been a nuisance? YES NO

Eligible for re-rental? YES NO

Date

Signature