



275 South Church Street

Spartanburg, SC 29306

864.308.1659

Apartment Rental Verification Request

Applicants: Please only fill out the areas with asterisks*
Leasing Office: Please fill out the remaining information.

Current () Previous ()

***Phone:** () _____ - _____ **FAX:** () _____ - _____

***Attn:** _____

***Applicant Name:** _____

***Address:** _____ **Apt. #** _____

Move-in Date: _____ Move-out Date: _____

Expiration Date: _____

Was proper notice given? Yes (____) No (____)

Rental Amount: _____

Number of late payments: _____

Number of NSF's: _____

Complaints: _____ If so what type: _____

Damage to unit: _____

Would you re-rent? Yes (____) No (____)

Verified by: _____

Position: _____ Date: _____

Please release my information for residency.

***Applicant's Signature:** _____ **Date:** _____