Burns Property Management P.O. Box 13688 Fort Wayne, IN 46865

ph: (260) 437-0736

Name:

email: contact@burnspropertymanagement.org



Date:

Landlord Verification Form

■ FOR APPLICANT USE ■ *By signing below, I recognize consent to release any & all information in regards to my rental history. Name: Signature: Date: Current / Previous Address Street: City/State: Zip Code: lacksquare for previous Landlord and office use only lacksquareWas he/she on the lease Dates of residency FROM: YES TO: NO Was the lease fulfilled? YES NO Explanation Was proper notice given? What was their monthly rent? Were utilities included? YES NO YES NO Did they pay on time? Were there any unauthorized persons or pets living in the home? YES YES NO NO Do they currently owe a balance? YES NO Explanation / Amount Were there any damages to the home or property that go beyond normal wear and tear? YES NO Explanation Are they under eviction or have you ever had to file an eviction? YES NO Explanation Any other lease violations? YES NO Explanation If given the opportunity would you rent to them again? YES NO Explanation Landlord Landlord

Signature: