## Fax for Residency Verification

**To: Current or Previous Landlord Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From: Castleberg Communities, 1703 Whispering Pines Way, Madison, WI 53713, Phone: 608) 271-6700, Fax: (800) 620-1656**

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## Future Resident’s Authorization:

I hereby authorize Current/Previous Landlord to give information involving my lease to Castleberg Communities staff.

Address you lived at over the last 2 years:

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_

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## Landlord Verification:

**To Whom It May Concern:**

**The above has applied for residency with us and you have been listed as one of their Landlords. We would appreciate receiving the following information within the next 24 hours. Your reply will be held in strict confidence. Please fax back the completed verification form to 800-620-1656. Thanks for your assistance.**

|  |
| --- |
| **Names on Lease:** |
| **Date of occupancy:** | **Lease Expiration Date:** |
| **Was the appropriate Notice to Vacate given?** | **YES** | **NO** | **Comments:** |
| **What was the Monthly Rental Amount? : $** |
| **Were there any Late Payments?** | **YES** | **NO** | **How Many? :** |
| **Were there any NSF checks** | **YES** | **NO** | **How Many? :** |
| **Were there any 5-days issued?** | **YES** | **NO** | **How Many? :** |
| **Were any 14-days notices issued?** | **YES** | **NO** | **How Many? :** |
| **Did evection proceedings ever start?** | **YES** | **NO** | **Comments:** |
| **Were there any noise disturbances?** | **YES** | **NO** | **Comments:** |
| **Were there any complaints about applicant/occupants?** | **YES** | **NO** | **If “YES” what were they:** |
| **Were there any police calls?** | **YES** | **NO** | **Comments:** |
| **Were there any unauthorized tenants in unit?** | **YES** | **NO** | **Comments:** |
| **Did you ever suspect the tenant, occupants or tenants guests of drug trafficking or other illegal activity?** | **YES** | **NO** | **If “YES” what were they:** |
| **Did the tenant practice good housekeeping?** | **YES** | **NO** | **Comments:** |
| **Have there been any reports of bedbugs, roaches, or any other infestations for this tenant’s unit?**  | **YES** | **NO** | **Dates of Treatment:** |
| **Did this tenant take up more of managements time than other residents** | **YES** | **NO** | **Comments:** |
| **Would you rent to them again?** | **YES** | **NO** | **If “NO” Why:** |
|  |
| **Comments/ Financial Status/Lease Violations:** |
|  |
|  |
|  |

**PETS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Did this resident have any pets?** | **YES** | **NO** | **If “YES” please answer the following questions.** |
|  | Did the animal cause any damage to the property (outside or inside)? | **YES** | **NO** | **Comments:** |
|  | Are you aware of any injury the animal has caused to people? | **YES** | **NO** | **Comments:** |
|  | Are you aware of any injury the animal has caused to other animals? | **YES** | **NO** | **Comments:** |
|  | Do you find this animal threatening in any way? | **YES** | **NO** | **Comments:** |
|  | Would you recommend this animal to live in an apartment again? | **YES** | **NO** | **Comments:** |

**Verifier Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**