

Fax for Residency Verification

To: Current or Previous Landlord Fax # or email: _____
 From: Castleberg Communities Date Sent: _____
 1703 Whispering Pines Way
 Madison, WI 53713
 (608) 271-6700 phone
 (800) 620-1656 fax
 Number of Pages: _____
 Email: Info@CastlebergCommunities.com

Applicant's Authorization for Release of Information:

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

Address you lived at over the last 2 years:

- 1) _____
- 2) _____

Applicants Name (Print):	Applicant's Signature:	Applicant's Phone #:
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To Whom It May Concern: The Listed applicant 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 or email it to Info@CastlebergCommunities.com. Thanks for your assistance.

Names on Lease:			
Date of occupancy:		Lease Expiration Date:	
Are you the owner of the property			
Are you related to the applicant?			
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 evction 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 and/or was a renewal offered?	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
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:** _____