



2413 Benning Rd. NE
Washington, DC 20002
Phone: 202-584-0190
Fax: 202-584-0192

Rental Verification

Date: _____

To: _____

From: Urban City Management

2413 Benning Rd. NE
Washington, DC 20002
202-265-1850

Phone: _____

Fax: _____

We have received an application for lease from your current/former resident. Please provide the following information. If you have any questions, please contact our office. Thank you for your time and attention.

Applicant/Resident(s) Name: _____

Address at community: _____

Dates of Occupancy: Move in _____ Move out _____

Has lease expired: Yes No

Were rent paid on time: Yes No

If no, how many times were they late in the past 12 months? _____

Number of NSF/Dishonored Checks zero 1 2 3 4 or more

If 4 or more, did they occur within the last twelve months? Yes No

Are you involved in any eviction proceedings at this time? Yes No

If yes, please explain. _____

Any outstanding debt owed to the community? Yes No

Proper notice to vacate given in accordance with lease stipulations? Yes No

Any noise complaints? Yes No

Any policy violations? Yes No

If yes, please explain. _____

Would you rent to him/her again? Yes No

Signature of rental agent: _____

Print Name: _____

Title: _____

Date: _____

Authorization
I, _____ authorize the release of my rental history to Urban City Management.

Signature: _____ Date: _____