

Vernon Manor Section II

505 East Lincoln Ave
Mount Vernon, New York 10552
(914) 699-3135
(914) 699-1344

Email: info@vernonmanor2.com

REQUEST FOR RESIDENCY VERIFICATION

To _____

DATE

The Person(s) named below has made application for stock transfer with us. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendation on this matter will be sincerely appreciated. We will be please to reciprocate this favor in the future. Thank You.

RE Resident's Name(s) _____

Occupancy Address _____

REQUEST SUBMITTED BY	TITLE	Phone

APPLICANTS AUTHORIZATION OF THIS INQUIRY:

I hereby consent to the release of my residency information.

Resident's Signature(s) _____ Date Signed _____

PROPERTY OWNER'S OR MANAGING AGENT'S COMMENTS

Date Moved-In _____ Dated Moved-Out _____ Current Occupant

Amount of Monthly Rent \$ _____ Utilities Included _____

Rent Generally Paid: ON-TIME OCCASIONALLY LATE OFTEN LATE

Condition of Apartment: GOOD AVERAGE POOR

Would You Rent to this Person Again: YES NO NOT SURE

Other Comments _____

SIGNATURE _____ TITLE _____ DATE _____