



13 MORNING GLORY LANE
MANHEIM, PA 17545
PHONE: 717-665-6864
FAX: 717-665-6878

RENTAL HISTORY VERIFICATION

I _____ HEREBY AUTHORIZE THE RELEASE OF MY RENTAL HISTORY INFORMATION TO MEADOWS EAST APARTMENTS.

RENTAL VERIFICATION FOR: _____
ADDRESS OF RENTAL

LANDLORD NAME: _____

LANDLORD PHONE #: _____ FAX #: _____

	TO BE FILLED OUT BY LANDLORD			
PAYMENT HISTORY:	EXCELLENT	GOOD	FAIR	POOR
NUMBER OF LATE PAYMENTS: _____				NUMBER OF NSF: _____
RENTAL AMOUNT: \$ _____				LENGTH OF OCCUPANCY: _____
PROPER NOTICE GIVEN: _____				DEPOSIT RETURNED: _____
CONDITION OF APARTMENT: _____				
NOISE COMPLAINTS: _____				
WOULD YOU RE-RENT: _____				
COMMENTS:				

SIGNATURE OF PROPERTY MANAGER/LEASING AGENT/ACCOUNTANT

SIGNATURE OF APPLICANT:

PLEASE FILL IN THE ABOVE INFORMATION AND FAX BACK TO MEADOWS EAST AT YOUR EARLIEST CONVENIENCE.

THANK YOU,

LEASING CONSULTANT, MEADOWS EAST