

RESIDENT VERIFICATION AUTHORIZATION

(applicant to fill out top of form only)



To: _____
(Current Landlord)

From: Karl Tehrani

Attention: _____

Company: 7 Day Realty

Email: _____

Return to: 7dayrealty@gmail.com

Landlord's Phone: _____

Phone: 407-777-8881

Tenants' Name(s): _____

Address: _____ Apt. _____

Length of occupancy: _____ Monthly rent: \$_____ per month

Release / Authorization

I authorize you to release this information to representatives of 7 Day Realty.

Print Name

Signature

Date

**The person above has signed this release form giving us authorization to verify this information.
Please complete this prequalification form and return it to us by email as soon as possible.**

Attention

The information in this message is private and confidential, and only intended for the addressee.

Should you receive this message by mistake, you are hereby advised that any disclosure, reproduction, distribution or use of this message is strictly prohibited. Please inform the sender by reply transmission and delete the message without copying or opening it. Thank you kindly.

- Were there any NSF checks? ___ yes ___ no
- Were there any payment disputes? ___ yes ___ no
- Were there any late payments? ___ yes ___ no _____ times in last 12 months
- Were there any noise complaints? ___ yes ___ no
- Was proper notice given? ___ yes ___ no
- Was /will deposit be refunded? ___ yes ___ no ___ partially
- Was the apartment in good condition? ___ yes ___ no
- Would you re-rent to this tenant? ___ yes ___ no
- Was lease term completed? ___ yes ___ no

Tenant payment history: _____

Person providing this information: _____

Title: _____ Signature: _____