



Landlord Verification Form

Notice to Applicant:

Leaving fields blank will cause a delay in the processing of your application. Please fill out all yellow areas completely and if "not applicable" denote as "N/A" (please print clearly)

FACSIMILE TRANSMITTAL SHEET

TO: (LANDLORD/VERIFIER'S NAME) FROM: HORIZON REALTY GROUP-PROCESSING DEPT.

LANDLORD/VERIFIER'S FAX NUMBER: TOTAL NO. OF PAGES INCLUDING COVER:

LANDLORD/VERIFIER'S PHONE NUMBER:

I, (Please Print Full Name) hereby authorize all necessary information, as indicated below, to be released to Horizon Realty Group, Inc. and their agents for their exclusive use.

X Signature of Applicant Date

Attention Landlord, Managing Agent or to whom it may concern:

The above named individual (applicant) has applied for tenancy with Horizon Realty Group, Inc. In order to complete the application process, we need to verify her tenant information. Information contained on this form will only be used in accordance with the Fair Credit Reporting Act. Your quick attention to this matter is appreciated.

Address to be verified: City ST Zip

- 1. Lease (d) from: to Fulfilling term?
2. Monthly Rent Paid on time?
3. If not paid on time, how many times late?
4. Other occupants, pets, roommates, cosigners? If so, please specify:
5. Ever started eviction proceedings? Please explain :
6. Any complaints about the tenant?
7. Other comments:

X Authorized Verifier's Signature Date

Authorized verifier's name: (please print) Title

PLEASE RETURN THIS FORM VIA FAX to: HORIZON REALTY GROUP AT 773-529-7201