



Email To: _____

Please Email Back To: Rebecca Wright frontdesk670@gmail.com

PRIOR RESIDENCE AUTHORIZATION AND RELEASE

Name of Applicant(s)_____

Address: _____

Applicant's authorization to release information

Signature: _____ Date: _____

Do Not write Below This Line-Requested information to be filled out from previous Landlord Only

Duration of Residence:(From) _____(To)_____

Were any other persons identified on the lease? **Yes No Names:** _____

Any Pets **Yes No** Any Damage **Yes No Explain** _____

Applicable rental rate during residency: \$ _____/month

Did they pay in a timely manner: **Yes No** Were the terms of the Lease fulfilled? **Yes No**

If no, date residence was vacated: _____

Was the applicant subject of a forcible retainer action? **Yes No**

- If yes, state grounds _____ Non-payment of rent
- _____ Immediate and irreparable breach
- _____ Abandonment
- _____ Other (please specify)

Did the applicant violate any community policies? **Yes No**

If yes, what policy?

Last time Property was Inspected _____ Any Damage reported **Yes No**

Explain _____

Was the account left in satisfactory manner? **Yes No** Would you re-rent to this/these tenant(s)? **Yes No**

Was the deposit or any portion thereof withheld due to damage to the unit? **Yes No**

Comments Welcomed _____

Do hereby swear and affirm that the following is accurate complete to the best of my knowledge.

I, _____, a duly authorized representative

of _____