



Property Name: _____

Property Address: _____

HOUSING VERIFICATION

Applicant Name: _____

Name of Verifier: _____

Address of Verifier: _____

Phone/Fax of Verifier: _____

Address of applicant's residence of above verification: _____

Date of occupancy by applicant at above residence: _____

Applicant's Signature: _____

STOP ! Section to be completed by landlord/property manager.

The applicant named above has applied for admittance to one of our rental properties. Before we can approve the applicant, we need your cooperation in answering some questions regarding the tenant's occupancy at your rental property.

1. Please list dates of occupancy: _____

2. Have you/did you receive a 30 day move-out notice? ☐ Yes ☐ No

3. Why did or why is the applicant leaving? _____

4. Has the applicant fulfilled the lease term or is the lease being broken with just cause? ☐ Yes ☐ No

If no, why was the lease not fulfilled and/or broken? _____

5. Is/was the rent paid on time? ☐ Yes ☐ No

If no, how often was/is payment late? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ ____ Is any rent due now? ☐ Yes ☐ No

6. Does the applicant currently owe any money for damages to the residence? ☐ Yes ☐ No

7. Did the applicant disturb other tenants or neighbors? ☐ Yes ☐ No

8. Are you aware of any criminal activities or criminal history related to this tenant? ☐ Yes ☐ No

9. Have you ever been in the residence? ☐ Yes ☐ No

If yes, does/did the apartment show signs of damage above normal wear and tear? ☐ Yes ☐ No

Is/was the apartment clean and orderly? ☐ Yes ☐ No

10. Have there been any problems with children? ☐ Yes ☐ No

11. Have there been any problems with visitors, guests or unauthorized persons in the residence? ☐ Yes ☐ No

12. Are/were there any pets in the residence? ☐ Yes ☐ No

13. Are you evicting or did you evict this tenant? ☐ Yes ☐ No

14. Would you rent to this tenant again? ☐ Yes ☐ No

15. Comments: _____

Signature of Present/Former Landlord: _____ Date: _____

ART Property Management, LLC does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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