



550 N. Reo St, Suite 300, Tampa, FL 33609
Application Dept Phone: 813-864-9515 (Option 5)
Application Dept Fax: 602-801-3399
Application Dept Email: apps@hqvirtualu.com

Rental Verification

ADDRESS: _____

DATE OF LEASE: _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

(RELEASE AUTHORIZATION: BY SIGING THIS FORM YOU GIVE PERMISSION FOR LANDLORD TO RELEASE THIS INFORMATION)

Applicants, do not complete anything below this line. Please return to our office.

We will have the rest of this form completed by your current/previous Landlord or Management Company.

This section is for Landlord or Management Company Only

TERM OF RESIDIENCY: _____

RENT AMOUNT: _____

#OF LATE PAYMENTS IN THE PAST 12 MONTHS: _____

ANY NEIGHBOR COMPLAINTS? _____ NO _____ YES

IF YES, NAUTRE OF COMPLAINT: _____

WOULD YOU RENT TO HIM/HER AGAIN? _____ NO _____ YES

IF NO, WHY? _____

SIGNATURE OF RENTAL REPRESENTATIVE: _____ DATE: _____

PRINT NAME: _____ TITLE/POSITION: _____