

SYCAMORE SQUARE APARTMENTS
41-1 PATTERSON VILLAGE DRIVE
DAYTON, OHIO 45419
OFFICE: 937-294-7780
FAX: 937-294-4970

RENTAL VERIFICATION

DATE: _____

NAME OF RESIDENT: _____

ADDRESS: _____

I (WE) HEREBY AUTHORIZE VERIFICATION OF ANY AND ALL INFORMATION SET FORTH ON THIS FORM.

SEE ATTACHED APPLICATION FORM

RESIDENTS SIGNATURE

A CURRENT OR FORMER RESIDENT OF YOUR COMMUNITY HAS APPLIED FOR AN APARTMENT WITH **SYCAMORE SQUARE**. PLEASE COMPLETE THE INFORMATION BELOW AND RETURN BY FAX (**937-294-4970**) AS SOON AS POSSIBLE.

MOVE IN DATE: _____ MOVE OUT DATE: _____

LEASE EXPIRATION DATE: _____

WAS PROPER NOTICE TO VACATE GIVEN? _____

WAS RENT PAID ON TIME? _____

WERE THERE ANY COMPLAINTS? _____

ARE THERE ANY MONIES OWED AT THIS TIME? _____

WOULD YOU RE-RENT TO THIS PERSON(S)? _____

LANDLORD/AGENT SIGNATURE

THANK YOU,
SYCAMORE SQUARE MANGEMENT