



Shelby West
 12277 Conservation Trail, Shelby Twp., MI 48315
 Phone: 586-739-3410 . Fax: 586-997-3461

I (We) authorize you to release any information that is requested
 Regarding my (our) tenancy history

Date: _____

Name: _____ Address: _____

City & Zip: _____

Landlord/Community Name: _____

Landlord Telephone/Fax Number: _____

Applicant Signature: _____

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We Need Verification of Residency on the Above Named Individual

Date Moved In: _____ Amount of Rent: \$ _____

Date Rent is Due: _____ Date Usually Paid: _____

Number of Late Payments: _____ Number of NSF: _____

Lease in the Name(s) of: _____

Lease Scheduled to Expire on: _____ Days Notice Required: _____

Was Proper Notice Given: _____ Any Neighbor Complaints: _____

Any Problems to Management: _____

Did Management Notify Resident It Would Not Continue To Rent To Them: ____

Would You Rent To The Resident Again? _____ Condition of Dwelling: _____

In Order To Complete Our Credit Information, Please Forward This By Fax As Soon As
 Possible. Thank You for Your Cooperation.
 Our Fax Number Is: 586-997-3461

 Signature of Person Signing

 Date

