

FACSIMILI

PREV LANDLORD: _____

FROM: Linda De Fiore, Property Manager & Tenant Coordinator

DATE: _____

RE: REQUEST FOR EMPLOYMENT VERIFICATION
For: _____
Address: _____

FAX #:

OFFICE #:

PAGES (incl cover) 1

We have been authorized by the above-referenced tenant(s) to request and receive a history of their dates of residency and rental payment history in response to their interest in real estate.

Please provide:

- 1) Length of occupancy _____
- 2) Due date for rental payments _____
- 3) Amount of rent _____
- 4) Number of late payments (if any) _____
- 5) Would you rent to them again YES () NO ()

Please also include if there have been any recorded incidents, i. e., community violations or unkempt conditions in their rentable area.

COMMENTS (if any)

If you have any questions, please call 470-892-6500 (office) or 404-917-6013 (cell).

I, _____, authorize the release of the above requested information:
Signed: _____

It would be appreciated if you could fax this information at your earliest convenience to:

FAX BACK TO: LINDA DE FIORE 470-892-6510 ADVANTAGESOLVE INC.

Thank you,
Linda De Fiore, Property Manager