

## **Confidential Applicant's Residency Verification**

Date:		FAX TO: (562) 862-1723 OR	
Company/Apartment:	_	RETURN FORM TO:	
Tele/FAX:			
RE:			
The person (applicant) named above can respond to our request as soon	e has applied for an apartn as possible, your response	nent with our Company. We would a can affect/help the applicant(s) nam	ppreciate it if you led above.
a complete background check. I a completely and without limitation	uthorize, without reservat , any and all the below me m liability and will defend a	ement, Inc (HPMI) and fully authorize ion, any party or agency contacted, t ntioned information and any inform and hold harmless all requesters and	to furnish ation related
Applicant's Name	Date	Applicant's Signature	
Applicant's Name	Date	Applicant's Signature	
Following to be completed by owner	er, landlord, or property ma	nager:	
Current Rent \$	/month		
2. Date of applicant's tenancy: Fr	om to		
3. Applicant current on rent? YES	NO NO	3	
3. Any 3/30 day notice(s) served?		what reason?	
4. Does the applicant interfere with			
5. Any maintenance problem(s) cau	used by applicant? YES	NO	
6. Has resident (applicant) given a	30-day notice? YES N	0	
7. Would you rent to this resident (	applicant) again? YES	NO	
I hereby certify that the information	າ supplied above is true and	I complete.	
Manager/Agent		Date	_
RETURN THIS VERIFICATION TO TH	E PERSON(S)/ CONTACT IN	FORMATION LISTED ABOVE	

HOAG Property Management, Inc.

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