



Chad-Nic Verifications

1708 San Remo Court
St. Louis Mo. 63138
Phone 314.741.8916 Fax 314.741.0921

Date: _____

Please Fax to: 314-741-0921

PLEASE PRINT

*(Applicant: - fill in this information **only** ↓
& sign below)*

Office use only

Name:	_____
Address:	_____
City/State/Zip:	_____
SS #:	_____

To:	_____
Address:	_____
Phone / Fax	_____

Dear Reference of the Applicant:

The undersigned has given you as a reference in applying to rent property and has authorized the disclosure of the requested information. Please fax this information at your earliest convenience. Thank you in advance for your cooperation.

Landlord/Mortgage Holder Information:

Please verify this address for the above: _____

Verified By: _____ Position: _____

Dates of residency From _____ To _____ Lease Expiration Date: _____

Rent Amount _____ Rent Assistance: Yes No # of Work Orders _____

Condition of Unit at move out? Excellent Fair Bad 30 day notice Given Yes No

Did Tenant pay rent on time? Always Sometimes Never Evicted # of times Late _____

Did tenant write any NSF Checks? Yes No # _____ Did Tenant have Pets? Yes No

Would you re-rent to tenant? Yes No If No why? _____

Did Tenant / Guests cause any disturbances? Yes No Destroy Property? Yes No

Employment Verification:

Verified by: _____ Date of Hire: _____ Position: _____

Salary/ Pay \$ _____ Per _____ Full time Part-time Temp. Hours per week _____

of hours worked per week _____ Any garnishments? Yes No Amount? \$ _____

Pay Day _____ Pay Period: Weekly Bi-Weekly twice per month Monthly

Commission Draw Paid? \$ _____ Weekly Bi-Weekly twice per month Monthly

Prospects for continued employment: Good Fair Poor Termination Date: _____

(Applicants Signature)

Sincerely,

(Spouses Signature)

Resident Manager or Authorized Agent