

# The Gilmore Apartments

6 South McLean Boulevard  
Memphis, TN 38104  
PHONE: 901-726-5575

# REQUEST FOR RESIDENCY VERIFICATION

TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

The person(s) named below has made application for apartment/housing rental with us. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendations on this matter will be sincerely appreciated. Thank you.

Resident's Name(s): \_\_\_\_\_  
\_\_\_\_\_

Occupancy Address: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Occupancy: \_\_\_\_\_

Requested By:	Title:	Phone:
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Applicant's signature(s):	Date:
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### PROPERTY OWNER'S OR MANAGEMENT AGENT'S COMMENTS

Date Moved-In: \_\_\_\_\_

Date Moved-Out: \_\_\_\_\_

Amount of Monthly Rent: \$ \_\_\_\_\_

Utilities Included: \_\_\_\_\_

Rent Generally Paid:      \_\_\_\_\_ On Time      \_\_\_\_\_ Occasionally Late      \_\_\_\_\_ Often Late

Would you probably rent to this person again?      \_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ NOT SURE

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

DATE: \_\_\_\_\_