



a private, non-profit social service agency

2324 Second Street Pike, Suite 17, Wrightstown, PA 18940 • Phone 215-598-3566 • Fax 215-598-9812

VERIFICATION OF RESIDENCY

(THIS DOCUMENT MUST BE FILLED OUT BY LANDLORD ONLY)

DATE: _____

PREVIOUS/PRESENT LANDLORD:

APPLICANT NAME: _____

PHONE: _____

PHONE: _____

The above named applicant has applied for an apartment in our Community and has given your name as a Landlord or previous Landlord reference. To help us establish a reference, we would appreciate you furnishing the information requested below along with any additional data which may be helpful. The information you provide will be for our confidential use only. You may fax or mail back your response at your earliest convenience. Our fax number is 215-598-9812. Thank you.

I, HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION BY MY LANDLORD:

X _____
APPLICANT SIGNATURE

X _____
APPLICANT SIGNATURE

Length of time in residence: From: _____ to _____

Number of person(s) on Lease and or in household _____ Monthly Rent Amount \$ _____

Any returned checks? Yes ___ or No ___ Is their account current? Yes ___ or No ___

Is the rent paid according to Lease? Yes ___ or No ___ Any late payments? Yes ___ or No ___

Was proper notice given to vacate? Yes ___ or No ___ Any legal action? Yes ___ or No ___

If yes, what was the reason? _____

Did resident maintain acceptable housekeeping? Yes ___ or No ___ If No, please describe below:

Would you rent to this Applicant again? Yes ___ or No ___ If No, why? _____

COMMENTS: _____

PHONE _____

DATE _____

SIGNATURE _____

TITLE _____



Member Agency...



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