



RENTAL VERIFICATION AUTHORIZATION FORM

DATE: _____

TO LANDLORD: _____

REQUIRED TO PROCESS: PHONE# _____ EMAIL: _____

FROM: Regency Property Management Group
RegencyPMGroup@yahoo.com Phone: 202.285.3162

The below individuals have applied for housing with Regency Property Management Group, LLC. and by their signature(s) hereby authorize you to provide Regency Property Management Group, LLC information regarding their payment and rental history of the following address _____.

Applicant(s) Signature: _____



This portion to be filled in by Landlord/Owner

Please provide the following information:

Monthly Rent: _____ #Years at this address: _____

Lease Term: _____ Number of late payments: _____

Number of eviction proceedings begun? _____

Did Applicant(s) give notice to vacate? Yes _____ No _____

Number of complaints from neighbors? _____

Would you rent to this person again? Yes _____ No _____

Was anyone other than the applicant(s) responsible for payment of rent: Yes _____ No _____

I, _____, Owner/Landlord hereby certify these statements to be true and correct regarding the above applicant's rental history.

Signature(s): _____

Thank you for your cooperation in providing this information!
Return completed form to **RegencyPMGroup@yahoo.com**