



**NEXT STEP
REALTY, INC.**

Higher expectations.

3425 Edison St NW • Uniontown, OH 44685
Office: 330.699.5731 Fax: 330.699.5732



VERIFICATION OF RESIDENCY

TO: _____ _____ _____	Regarding: _____ (Applicant's Name) Of: _____ _____ (Applicant's Address)
Office Telephone: _____	
Fax: _____	

I _____ hereby authorize _____ to release the information requested below regarding my residency. I agree to hold all parties harmless from any liability in the release of the information.

Applicant's Signature

Date

A former/current resident of yours has applied for residency at one of our properties. Please complete the information below and return as quickly as possible. THANK YOU!

Move-in Date: _____ Move-out Date: _____ Lease Term: From _____ To: _____

Total occupants in household: _____ Number of Adults: _____ Number of Children: _____

Amount of Monthly Rent: \$ _____ Is/Was rent paid on time: Yes No

What was the number of Late Payments in the last: 6 Months _____ 12 Months _____ 24 Months _____

What was the number of Returned Checks in the last: 6 Months _____ 12 Months _____ 24 Months _____

Was/Is this resident under eviction for any reason? Yes No If yes, please explain: _____

Was/Has proper notice been given to vacate? Yes No If no, what notice is required? _____ Days

Does this resident have any pets? Yes No If yes, type: _____ (ex. Cat, Dog) How Many: _____

If yes, have you had any problems or damages: _____

During Residency were any complaints received in reference to this resident? Yes No If yes, please explain: _____

Any money owed at this date? Yes No If yes, Amount \$ _____

Would you re-rent to this resident? Yes No _____

Signature: _____ Date: _____

Print Name: _____ Telephone #: _____

Signature: _____ Date: _____

Print Name: _____ Telephone #: _____