

# Misty Hollow Apartments, LLC

2826 Misty Lane  
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## RENTAL HISTORY VERIFICATION

NAME \_\_\_\_\_ UNIT # \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_

I do hereby give my permission to release my rental history to the above named property.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
For Office Use Only. Applicant **IS NOT** to complete the following information.

1. Amount of Monthly Rent? \_\_\_\_\_
2. Dates of Applicant's Tenancy: From \_\_\_\_\_ To \_\_\_\_\_
3. Any late payments? \_\_\_\_\_ If yes, how many: \_\_\_\_\_ NSF's? \_\_\_\_\_ If yes, how many: \_\_\_\_\_
4. Have you ever initiated/completed eviction proceedings for non-payment of rent? \_\_\_\_\_
5. Has (had) applicant allowed persons not on the Lease to live there on a regular basis? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
6. Does (did) applicant keep the apartment clean and sanitary? \_\_\_\_\_
7. Does (did) applicant have an insect problem? \_\_\_\_\_
8. Has the applicant's apartment ever been treated for bed bugs? \_\_\_\_\_
9. Has (had) applicant damaged the unit? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
10. Has (had) applicant's family or their guests damaged common areas, created physical hazards, interfered with the rights and quiet enjoyment of other residents or acted in a physically or verbally abusive manner to residents or management/maintenance staff? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
11. Did they violate their lease? \_\_\_\_\_
12. Did they give notice to move? \_\_\_\_\_
13. Do they owe a balance? \_\_\_\_\_ If yes, how much? \_\_\_\_\_
14. Would you lease to them again? \_\_\_\_\_

Information provided by \_\_\_\_\_ (name)

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