

Landmark Realty, LLC.

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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: _____