



PAPER STREET REALTY

paperstreetrealty.com

Office 773-857-2282 Fax 866-747-3598

Landlord Verification

Please FAX this form back to: 866-747-3598

Landlord Name: _____

Landlord Address: _____ City: _____

State: _____ Zip: _____ Business Phone: _____

Landlord's FAX number: _____

(Applicant's Name)

Applicant's Address: _____ Apt# _____

Notes:

Address Applicant is Applying For: _____ Apt# _____

1. Lease FROM: _____ TO: _____

2. Monthly Rent: _____

3. Did the tenant pay rent on time? _____

4. Any returned checks? If so, how many: _____

5. Ever started Eviction proceedings? _____ If yes, please explain: _____

6. Any complaints about tenant? _____

7. Did tenant provide you with proper notice of lease termination? _____

8. Would you rent to this tenant again based on past experience with tenant: _____

9. Did tenant ever have pets: _____

10. Comments: _____

Verified By: _____
(Print Name)

PSR Rep Name: _____ Date: _____