

**TOWNE HOUSE VILLAGE APARTMENTS**

114 NORTH 34<sup>TH</sup> ST  
RICHMOND, IN 47374  
townhousevillage@yahoo.com  
(765)966-4953

**RENTAL VERIFICATION**

Requested by Julie Jones Title Property Manager

Resident(s) name(s) \_\_\_\_\_

Address of rental unit \_\_\_\_\_

Dates of residency FROM \_\_\_\_\_ TO \_\_\_\_\_ PROPER NOTICE? \_\_\_\_\_

Current lease expires \_\_\_\_\_ Did resident(s) leave owing money ? \_\_\_\_\_

Monthly rent amount \_\_\_\_\_ # of late payments? \_\_\_\_\_ # of returned checks? \_\_\_\_\_

Was tenant evicted? \_\_\_\_\_ reason? \_\_\_\_\_

Did tenant leave without notice? \_\_\_\_\_ Did resident(s) cause any issues or disturbance that would disrupt other residents rights to peace and quiet, safety, and privacy?

Did tenant have anyone live in address rented without permission? \_\_\_\_\_

Did tenant ever have bed bugs? \_\_\_\_\_ Did tenant cooperate with eradication procedures? \_\_\_\_\_

Would you re-rent? \_\_\_\_\_

If no please explain why? \_\_\_\_\_

Signature of person completing this form \_\_\_\_\_

Date signed \_\_\_\_\_ Title or relationship to applicant \_\_\_\_\_