Aqua Marine Apartments \* 750 Aqua Marine Blvd. Avon Lake, OH 44012 \* (440) 933-0250/ (440) 933-0252 Fax

All areas must be completed or the application will not be processed

## Rental Reference Verification and Release

Applicant: Please fill out this top portion for the rental reference and sign the release

Date:	Attn:
Company :	Fax:
Phone:	
We would greatly appreciate your help in promptly reply by fax or phone. Thank you	verifying a rental reference for the following individual(s). Please
	Applicant Information
Name:	Street Address:
Apartment No. :	City/State/Zip :
	sion for Release of Information of furnish the information requested below.
Signature:	Date:
Signature:	
Landlord: P	lease Answer the Following Questions
Resident's Move-In Date:	Move-Out Date:
Pay their rent on time? YES NO	If no, how many times were they late?
Take proper care of the rental unit and gr	ounds? YES NO
Ever have pets in the rental unit without of	onsent of the landlord? YES NO
Allowed individuals other than household	members to live in their unit? YES NO
Did tenant or guest disturb their neighbor	s? YES NO
Has law enforcement been in the resident	s unit that you are aware of? YES NO
If yes, explain:	
Was proper notice given to vacate? YES	NO
Was there unpaid rent or damage? YES	NO Are you evicting the tenant? YES NO