



Phone: 414-332-5500 Fax: 414-332-5511

### Landlord Verification Form

THIS PORTION TO BE COMPELTED BY TRIKE PROPERTY MANAGEMENT

Date: \_\_\_\_\_ Trike Property Management, Property Manager Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

Applicant's Current Landlord Contact Information: \_\_\_\_\_

### Your time and help are greatly appreciated

Dear Property Manager or Leasing Consultant:

The above-named resident applied for an apartment with Trike Property Management. Please fill out the form to verify their residency and rental history at your earliest convenience. Please return form via (FAX) 414-332-5511 or the email address listed above.

Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_

Monthly Rental Amount: \$ \_\_\_\_\_ Security Deposit Amount: \$ \_\_\_\_\_

Was Lease Term Fulfilled? YES / NO Lease Expiration Date: \_\_\_\_\_

Was Proper Notice Given to Vacate? YES / NO Scheduled Move-Out Date: \_\_\_\_\_

Was Monthly Rent Paid On-time? YES / NO Were there Any NSF checks? \_\_\_\_\_ If so, how many? \_\_\_\_\_

Were there Any five (5) day notices? YES / NO If so, approximately how many? \_\_\_\_\_

Was a CDC Declaration Form signed & submitted to you by the Applicant? YES / NO If so, please provide a copy.

Were there any problems or noise complaints or lease violations? If so please explain: \_\_\_\_\_

Did Tenant Care for the Unit Properly? YES / NO Did the Tenant Cause Any Damage to the Unit? YES / NO

Would You Rent to Tenant Again? YES / NO If no why? \_\_\_\_\_

Signature of Person Verifying: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Applicant's Authorization

By signing your full name below, you are authorizing the release of the above requested information to Trike Property Management LLC.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_