

South Bluffs

Apartments

4 RIVERVIEW DRIVE WEST
MEMPHIS, TN 38103
PHONE: 901-522-9800
FAX: 901-522-9816

REQUEST FOR RESIDENCY VERIFICATION

TO: _____

DATE: _____

The person(s) named below has made application for apartment/housing rental with us. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendations on this matter will be sincerely appreciated. Thank you.

Resident's Name(s): _____

Occupancy Address: _____

Date(s) of Occupancy: _____

Requested By:	Title:	Phone:
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Applicant's signature(s):	Date:
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PROPERTY OWNER'S OR MANAGEMENT AGENT'S COMMENTS

Date Moved-In: _____ Date Moved-Out: _____

Amount of Monthly Rent: \$ _____ Utilities Included: _____

Rent Generally Paid: _____ On Time _____ Occasionally Late _____ Often Late

Would you probably rent to this person again? _____ YES _____ NO _____ NOT SURE

Comments: _____

Signature: _____ Title: _____ DATE: _____