

STANDARD LANDLORD VERIFICATION FORM

If you would like for the Landlord/Landlord's Agent/Management company staff to release your rental information to another apartment community, bank or mortgage institution, please sign the following release. Without the resident's authorization to release information, rental information is retained as Confidential and will not be released except upon receipt of a subpoena or other authorized governmental request.

(TENANT TO FILL OUT THE SECTION BELOW THIS LINE:)

I _____ authorize Landlord/Landlord's Agent/Management company staff to release rental information below to _____ I understand that the Management staff will verify any and all information pertaining to the time of residency at _____

PRINTED NAME OF TENANT

PRINT NAME OF NEW PROSPECTIVE LANDLORD

PRINT ADDRESS/CITY/STATE/ZIP OF CURRENT APARTMENT

Resident Signature _____ Date _____ Resident Signature _____ Date _____

Resident Signature _____ Date _____ Resident Signature _____ Date _____

(LANDLORD TO FILL OUT THE SECTION BELOW THIS LINE:)

Name of Tenant(s): _____

Current Address of Tenant(s): _____

Tenant(s) fulfilled current Lease obligations or broke current Lease:

(Completed Lease/Broke Lease): _____

Respectfully submitted by,

HADCO MANAGEMENT

****Per Company Policy this shall be the only document released from this Office in reference to the above mentioned Tenant(s) and no other document shall be distributed, authorized or completed.****