

Parkside Apartments, Ilc

Landlord Verification

1. Resident's Name(s) _____
2. Current/Previous Address _____
3. Dates of Residency _____
4. Amount of Monthly Rent \$ _____
5. Was rent paid on time? Yes No
6. If not, how many late payments? _____
7. How many seven days were sent? _____
8. Did you ever go to court with this resident? Yes No
9. Any NSF checks? Yes No If yes, how many? _____
10. Any noise complaints? Yes No If yes, how many? _____
11. Would you rent to them again? Yes No If no, why not? _____

Completed by: _____ Date _____

Title: _____ Phone: _____

I have applied for housing at Parkside Apartments, Ilc and authorize all parties contacted by this community to release information that is requested to process my application.

Signature/Date

Signature/ Date

810 W. Huron
Ann Arbor, Michigan 48103
Phone: 734-821-0276
E-Mail: ParksideApartments@hotmail.com