



600 Magnolia Street  
Spartanburg, SC 29303  
Phone:864-308-1659  
Fax:864-308-8967

**APARTMENT RENTAL VERIFICATION REQUEST**

**\*APPLICANTS: Please only fill out the areas with asterisks.**  
**LEASING OFFICE:** Please fill out the remaining information.

Current ( )                      Previous ( )

\*Phone: (     ) \_\_\_-\_\_\_\_                      FAX: (     ) \_\_\_-\_\_\_\_

\*Attn: \_\_\_\_\_

\*Tenant Name: \_\_\_\_\_

\*Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Was proper notice given?    Yes (\_\_\_)                      No (\_\_\_)

Rental Amount: \_\_\_\_\_

Number of late payments: \_\_\_\_\_

Number of NSF's: \_\_\_\_\_

Complaints: \_\_\_\_\_ What type: \_\_\_\_\_

Damage to unit: \_\_\_\_\_

Would you re-rent?            Yes (\_\_\_)                      No (\_\_\_)

Verified by: \_\_\_\_\_

Position: \_\_\_\_\_                      Date: \_\_\_\_\_

Please release my information for residency.

\*Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_