



CMP Cornerstone
Managed Properties

REQUEST FOR RESIDENCY VERIFICATION CURRENT/PREVIOUS

Date: _____

To: _____ Name of Property _____

Fax Number: (____) _____ Phone Number: (____) _____

Applicant's Name: _____

Social Security Number: _____

Applicant's Address: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize _____ to furnish the information requested, and I also release _____, its officers, agents and employee from any and all liabilities which may result by reason of compliance with the above request.

Applicant's Signature _____ Print Name _____

The applicant above has made an application with us at Chesapeake Pointe and has listed you as the Landlord on the above referenced address.

Please complete and FAX this verification form as soon as possible, 330-786-0000

Should you have any questions, please feel free to contact Melinda Lee at 330-785-1111.

Move In Date: _____ Move Out Date: _____ Monthly Rent: _____

Number of Late Payments: _____ Legal Action Taken: _____

Has this month's rent been paid? _____ Is there a balance outstanding? _____

Amount? _____ Number of Occupants: _____ Any Pets? _____

How many day's notice is required? _____ Has/Was Proper Notice given? _____

Condition of Apartment? _____ Would you re-rent? _____

Name of Leaseholder: _____

Additional Comments: _____

Verified by: _____ Title: _____

Signature: _____ Date: _____