

SECOND NORTHWEST
 COOPERATIVE HOMES ASSOCIATION
 1321 5th STREET N.W., ROOM 103
 WASHINGTON, DC 20001
 (202) 265-3080

**REQUEST FOR
 RESIDENCY
 VERIFICATION**

VIA: MAIL
 FAX
 PHONE
 COURIER

To

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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 recommendation on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank you.

RE: Resident's Name(s) _____

Occupancy Address _____

Date(s) of Occupancy _____

REQUEST SUBMITTED BY	TITLE	PHONE

APPLICANT'S AUTHORIZATION OF THIS INQUIRY:

I hereby consent to the release of my residency information.

 Resident's Signature(s) Date Signed

PROPERTY OWNER'S OR MANAGEMENT AGENT'S COMMENTS

Date Moved-In _____ Date Moved-Out _____ STILL IS OCCUPANT

Amount of Month Rent \$ _____ Utilities Included _____

Rent Generally Paid: ON-TIME OCCASIONALLY LATE OFTEN LATE

Housekeeping Habits: GOOD AVERAGE POOR

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

Other Comments _____