

Request for Landlord Verification

TO:

Tenant's authorization to release requested information

Landlord's Name: _____

Landlord's Fax: _____

Landlord's Phone: _____

Tenant's Name (print): _____

Tenant's Signature: _____

Tenant's Phone: _____

Date Signed by Tenant: _____

FROM:

Trike Property Management

P.O. Box 11159

Milwaukee, WI 53211

PHONE: 414-332-5500

FAX: 414-332-5511

Rental Agent's Name

Property Code

The person named above has applied for an apartment for rent and has authorized you to release the requested information. **Please complete and Fax to 414-332-5511** at your earliest convenience.

1. Rent Payment

- a. Is/was the applicant's rent current? Yes No
- b. Has/had He/She ever been late? Yes No
If yes, how late? _____
How often? _____
- c. Have/had you ever begun eviction proceedings for non-payment? Yes No

2. Caring For Unit

- a. Did the tenant keep the unit clean? Yes No
- b. Has the applicant damaged the unit? Yes No
If yes, please describe the damages and cost(s) to you _____
- c. If yes, has the applicant paid for those damages? Yes No
- d. If yes, will/did you keep any of the security deposit? Yes No

3. General Information

- a. How long has the tenant lived in your unit?
Move-in Date: _____ Move-out Date: _____
- b. Did the applicant permit persons other than those on the lease to live in the unit? Yes No
- c. Has the applicant or family members damaged or vandalized any part of the common areas? Yes No
- d. Does the applicant interfere with the rights and quiet enjoyment of the other tenants? Yes No
- e. Did the applicant create any physical hazards to the unit or the residents? Yes No
If yes, please describe: _____
- e. Has the applicant ever given you any false information? Yes No
If yes, please describe: _____
- f. Would you want this tenant to live in your units again? Yes No
If no, please give reason(s): _____

Signature of Landlord: _____ Date: _____ Phone: _____