

Oak Ridge Properties LLC
801 S. Circle Dr.
Phone: 719-375-5340 Fax: 719-375-2498

Rental-History Verification

Resident Name: _____

Signature to Release Information: _____

Property Address: _____

Resident's Address: _____

Move-In Date: _____

Move-Out Date: _____

Rental Amount \$ _____

Notice to Vacate Date: _____

Lease Expiration Date: _____

Is the account CURRENT? ____ Yes ____ No

Was sufficient notice given? ____ Yes ____ No

Does/Did resident pay on time? ____ Yes ____ No

Number of Late payments: _____

Any RETURNED checks? ____ Yes ____ No

If so how many? _____

Any pets? ____ Yes ____ No

If so how many? _____

Was lease fulfilled? ____ Yes ____ No

Was any EVICTION filed? ____ Yes ____ No

Completed By

Title

Date