

# ROCK CREEK PALISADES

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Kensington, Maryland 20895  
Telephone: 301-949-4466  
Fax: 301-949-1417  
[www.rcptownhomes.com](http://www.rcptownhomes.com)

## RENTAL VERIFICATION

Tenant's Full Name(s) \_\_\_\_\_

Present Address \_\_\_\_\_

I/We hereby give authorization for release of rental information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **TENANT: DO NOT WRITE BELOW THIS LINE - FOR LANDLORD USE ONLY**

Landlord \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

What was the above tenant's monthly rental amount? \$ \_\_\_\_\_

What were the start and end dates of the lease? From: \_\_\_\_\_ To: \_\_\_\_\_

Were there any late payments? No Yes If "Yes", number of late payments in last 12 months: \_\_\_\_\_

Were there checks returned NSF? No Yes If "Yes", number of NSF checks: \_\_\_\_\_

Was proper notice to vacate received? No Yes

Was the security deposit returned? No Yes If "NO", please explain why: \_\_\_\_\_

Was the home left in good condition? No Yes

What was the reason given for vacating? \_\_\_\_\_

Would you re-rent to this/these person(s): No Yes If "NO", please indicate why: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Person verifying: \_\_\_\_\_ Date \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return to the above address or via email to:

[rockcreekpalisadespm@gmail.com](mailto:rockcreekpalisadespm@gmail.com)