



**VERIFICATION OF RENTAL HISTORY (MUST PRINT AND COMPLETE ONE FOR EACH CURRENT AND PRIOR LANDLORD FOR THE LAST 2 CONSECUTIVE YEARS).**

**ONLY COMPLETE AND SIGN THE HIGHLIGHTED AREAS BELOW AND EMAIL TO [acpm@hrcoxmail.com](mailto:acpm@hrcoxmail.com) or Fax to 757-557-0035.**

**Name of Tenant(s):** \_\_\_\_\_

**Most Recent Rental Address:** \_\_\_\_\_

**Most Recent Landlord:** \_\_\_\_\_

**Most Recent Landlord Address:** \_\_\_\_\_

**Landlord Phone:** \_\_\_\_\_

**Landlord Fax:** \_\_\_\_\_

**Landlord Email:** \_\_\_\_\_

SIGNATURE OF APPLICANT:

Applicant(s) hereby authorize Atlantic Coast Property Management to procure a “verification of rental history”, seeking information about the applicant(s) worthiness or general standing of the applicant with the landlord.

**Signature of Applicant(s):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Landlord To Complete**

Dates Rented: From: \_\_\_\_\_ To: \_\_\_\_\_

Rent Amount Paid: \_\_\_\_\_ \$ per month

Paid on Time? \_\_\_ Yes \_\_\_ No      If No, Number of times late over the last 24 months: \_\_\_\_\_

Number of times Unlawful Detainers were filed against Tenant: \_\_\_\_\_

Gave Proper Notice? \_\_\_ Yes \_\_\_ No

Complaints/Problems? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain:

Any Monies Owed: \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain:

Would you rent to Again?: \_\_\_\_ Yes \_\_\_\_ No

If no, please explain:

Printed Name of Person signing this Form: \_\_\_\_\_

Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Please email or Fax this form back at your earliest opportunity to [acpm@hrcoxmail.com](mailto:acpm@hrcoxmail.com) or 757-557-0035.

Thank You!