

iDeal Property Management Group LLC

214 East Arlington Blvd Suite C. Greenville NC 27858

Phone: 252-756-8488 Fax: 252-756-8483

Rental Verification

Office Use Only:

Attention Leasing / Management Company: _____

_____ Has submitted a rental application with us.

Address listed is/ was _____

Monthly rent amount: _____ Monthly pet fee: _____

Beginning lease date: _____ End lease date: _____

On month to month: _____ Has leased expired: _____

Current or previous tenant: _____

Was monthly rent paid on time: (YES) or (NO) If NO, how many times late? _____

Any return checks? (YES) or (NO) If YES, how many? _____

Any lease violations? (YES) or (NO) If YES, please explain: _____

Have you ever had to start court proceedings? (YES) or (NO)

If YES, how many times? _____

Is tenant being/ was evicted? (YES) or (NO) If YES for what reasoning?

Do they currently owe a balance? (YES) or (NO) If YES, what is the balance owed and for what? _____

Was proper notice given to vacate? (YES) or (NO)

Would you rent to this tenant again? (YES) or (NO)

Additional comments:

Company/ Landlord filling out form:

Sign: _____ Position: _____ Date: _____

() CHECK IF BY PHONE

**** I hereby give my permission for the above information to be given to ****

iDeal Property Management Group LLC

Print: _____

Sign: _____

Date: _____