



2707 Park Place Lane, Janesville, WI 53545
Phone: 608-755-0000 Fax: 608-756-2121

Housing Verification

Date: _____ Address: _____

_____ has applied for an apartment with our community and we would appreciate your time in giving us any information concerning the applicant which you may have on file. The applicant has given full permission (by signing below) for you to release this information to us. Please complete the information below and return to us at your earliest convenience by fax **608-756-2121**.

Thank you in advance for your assistance.

Sincerely,

Dawn Fogle
Community Manager

I hereby authorize the release of any information regarding my housing.

Applicant Signature

Date

Landlord:

Lease Start: _____ Lease End: _____ Monthly Rental Amount: _____

Lease Fulfilled: _____ Proper Notice Given: _____ Any NSF's: _____

Any Lease Violations: _____ Please describe: _____

Any Pets: _____ Additional Comments: _____

Pay Record: _____ Would you rent to them again: _____

I hereby certify that the above information is true and complete to the best of my knowledge.

Signature of Verifier

Date

Title

Phone Number