

Newberry Lofts - Landlord Verification

Attention Applicant: Leaving fields blank will cause a DELAY in the application process. Please include telephone and fax numbers as requested below.

From: Newberry Lofts Office: 213-321-2104
900E. 1st Street, L.A., C A 90012 Fax: 888-558-1644

PLEASE PRINT CLEARLY)

- Landlord Name:** _____.
- Landlord Address:** _____ **City** _____
- State** _____ **Zip** _____ **Business Phone:** _____
- Landlord's FAX number:** _____.

I, _____, authorize all necessary information, as
(Applicant's Name)
indicated below, to be released to The Terraces at Westside Apartments and its agents for its exclusive use.

X _____ **Date** _____

Signature of Applicant

BELOW FOR OFFICE USE ONLY:

Attention: _____ **OR**

To Whom It May Concern:

The above named individual (applicant) has applied for residency at The Fulton. In order to complete the application process, we need to verify his/her landlord history for the following address:

Address: _____ Apt # _____

- 1. Lease FROM: _____ TO _____
- 2. Monthly Rent: _____
- 3. Did the tenant pay rent on time? _____
- 4. Any returned checks? If so, how many: _____.
- 5. Ever started Eviction proceedings? _____. If yes, please explain _____
- _____
- 6. Any complaints about tenant? _____.
- 7. Did tenant provide you with proper notice of lease termination? _____.
- 8. Would you rent to this tenant again based on past experience with tenant: _____.
- 9. Other comments: _____.

Verified By: Please Print _____