

C. Hamilton & Associates, Inc.
587 N. Milledge Ave
Athens, GA 30601
Fax #: (706)613-1776
Office #: (706)613-9001

RENTAL VERIFICATION FORM

Tenant's
Name: _____

Present
Address: _____

I hereby give authorization for release of this information:

Signature _____ **Date** _____

Landlord: _____

Landlord's phone #: _____ Landlord's fax #: _____

.....
FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE.
.....

Monthly rent amount? _____

Start and end dates of lease: _____ to _____

of late payments: _____ # of NSF checks: _____

Was the security deposit returned? _____

If not,
why? _____

Additional
comments: _____

Person verifying: _____

Position: _____ Signature: _____