

OXFORD



REAL ESTATE

Landlord Rental Verification Form

To: _____ Date: _____ Fax#/Email: _____

The individual below submitted a rental application to our office. Please provide the information requested and return to our office via email rentals@oxre.com or fax 513.523.1489. If you have any questions, please contact our office at 513.523.4532. Thank you.

Applicant Name _____

My signature below authorizes you to release information requested below about my residency.

Applicant Signature Date

Company Name _____

Address Verifying _____

Move-In Date: _____ Move-Out Date: _____ Any co-signors on lease? YES NO

Amount of Rent Per Month: _____ # of Late Payments: _____ # of NSF checks: _____

Proper notice given? YES NO If No, why: _____

Any lease violations? YES NO If Yes, please explain _____

Legal proceedings ever filed? YES NO If Yes, please explain _____

Was property maintained in satisfactory condition? YES NO If No, please explain _____

Any deductions from the security deposit? YES NO If Yes, please explain _____

Did resident have a pet? YES NO Any issues? YES NO If Yes, please explain _____

Any bedbug or pest infestation in the property? YES NO If Yes, what type of infestation? _____

Has the infestation been eradicated? YES NO

Past due amount owed? YES NO Would you rent to this resident again? YES NO

Comments:

Signature Title Date