



AMBERFIELD PLACE APARTMENTS

RENTAL HISTORY VERIFICATION

Date: _____

To: _____ Fax: _____

Total Number of Pages Faxed: _____

We are processing an application for rental for the following person:

Applicant Name: _____

Applicant Signature: _____

Applicant Address: _____

Please complete the following rental history verification questions below and return by fax, email, or by mail to:

Fax Number: 507-642-3047

Email: dthormodson@amberfieldplace.com

Mailing Address: 227 Drew Ave SE Madelia, MN 56062

TO BE COMPLETED BY LANDLORD/MANAGER:

1. Is/was this person the leaseholder? Yes _____ No _____
2. If no, was he/she an authorized occupant? Yes _____ No _____
3. Lease period for resident - From: _____ To: _____
4. Are there/were there additional household members listed on the lease agreement?
Yes _____ No _____
5. How much rent was paid each month by this resident? _____
6. Has the resident ever been late with the rent? Yes _____ No _____
7. If there were late payments, how many times? _____

8. Does/did the resident pay for any of the utilities? Yes _____ No _____

9. If the resident pays/paid any utilities, which ones:

10. Have tenant utilities ever been disconnected? Yes _____ No _____

11. Have you ever initiated and/or completed an eviction proceeding for non-payment of rent or for any other reason? Yes _____ No _____

12. Did the resident, their guest(s), or their family damage the apartment or property?
Yes _____ No _____

13. If there were resident caused damages, did the resident pay for the damages?
Yes _____ No _____

14. Did the resident or their guest(s) engage in any criminal activity, including drug-related criminal activity, in the unit or building? Yes _____ No _____

15. Did the resident give proper notice for vacating? Yes _____ No _____

Comments:

Thank you for completing this form and returning this by fax, email, or by mail.

Signature of the person completing this form:

Printed name of person completing this form:

Title: _____

Company: _____ Date: _____