



Stable. Safe. Supportive.

Subject Property _____

Verification of Residency

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Landlord: _____
 Address: _____
 City, ST Zip: _____
 Attention: _____
 Telephone: (____) _____
 Fax: (____) _____

Greccio Housing is in the process of verifying the information on a rental application submitted by the person named as "Resident". The applicant has authorized the verification of his/her rental history with your company. At your earliest convenience, please complete this form and fax it to: **Greccio Housing 719-578-0030** (no cover sheet needed) or mail it to: **Greccio Housing, 1808 W. Colorado Ave, Colorado Springs, CO 80904.**

Thank you for your time – Leasing Services!

Resident Name: _____
 Address/Unit: _____
 Rental Dates: From: _____ To: _____
 Rent Amount: \$ _____ Per: _____

AUTHORIZATION:

I hereby authorize verification of the following information to Greccio Housing as part of the application process.

 Applicant Date

TO BE COMPLETED BY LANDLORD

Has resident given proper notice to move? [] Yes [] No _____
 During the tenancy was rent paid on time? [] Yes [] No If no, number of late payments. _____
 Was the lease term fulfilled? [] Yes [] No _____
 Was the resident evicted? [] Yes [] No If yes date. _____
 Did the resident abandon the property? [] Yes [] No If yes date. _____
 Any property damage by the resident? [] Yes [] No _____
 Any lease violations by the resident? [] Yes [] No _____
 Did the resident leave owing money? [] Yes [] No If yes the balance due. \$ _____
 Would you rent to this resident again? [] Yes [] No _____

INFORMATION RELEASED BY: Name: _____ Title: _____

Date: _____

1808 W. Colorado Ave, Colorado Springs, CO 80904 * Telephone: 719-475-1422 Ext. 18 * Fax: 719-578-0030 * Web: www.Greccio.org

RF05 (08/10/09)

[] - Faxed: _____
 [] - Mailed: _____
 [] - Called: _____
 [] - Other: _____