



Chamberwood Property Management Rental Property Verification Request

TENANT NAME: _____

TENANT NAME: _____

TENANT NAME: _____

ADDRESS: _____

LANDLORD NAME: _____

LANDLORD TELE#: _____

LANDLORD FAX#: _____

I authorize Chamberwood Realty Group to obtain any rental information necessary in connection with the rental application information. Facsimile copies of this document, as well as signature/s hereon, may in the discretion of CPM, be treated as originals.

TENANT SIGNATURE _____ DATE: _____

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TENANT SIGNATURE _____ DATE: _____

(LANDLORD USE ONLY)

Monthly Rental _____ Lease Start Date _____ End Date _____

of Tenants on Lease _____ Move in Date _____

of Late Payments _____ # of PETS on Lease _____

of NSF Payments _____ Lease Term Paid in Full YES NO

Lease Term Fulfilled YES NO Outstanding Balance YES NO

Proper Notice Given YES NO Was Tenant asked to leave by Landlord YES NO

Eviction in Process YES NO Would You RE-LEASE to Tenant YES NO

Any complaints or damage: _____

COMPLETED BY _____ DATE _____

PLEASE RETURN TO CHAMBERWOOD REALTY GROUP Fax: 901-389-4664
EMAIL: TEAMCHAMBERSANDWOOD@GMAIL.COM