



8977 Technology Drive, Ste. D  
Fishers, IN 46038  
Ph: 317-842-4191 Fax: 317-845-1553

## Request for Rental Verification

Date: \_\_\_\_\_

Landlord: \_\_\_\_\_

Landlord telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

From: Kirk Realty Group, LLC

Telephone Number: (317) 842-4191

Fax: (317) 845-1553

A rental application has been submitted to Kirk Realty Group, LLC from

\_\_\_\_\_ ,

social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ who is/was residing at or resided at

\_\_\_\_\_ .

A signed release waiver is being faxed with this form. We would appreciate your assistance by completing the following information.

Thank you!

Lease dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Has the lease been fulfilled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has proper notice been given?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the tenant violated the lease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the resident damage the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the tenant paid late?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many times? _____
Has the resident had NSF's?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many times? _____
Does the tenant owe any money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How much? _____
Would you re-rent to this tenant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Name of person providing the above information: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Property Manager: \_\_\_\_\_

PLEASE FAX RENTAL VERIFICATION BACK TO (317) 845-1553.

THANK YOU!