

VERIFICATION OF CHECKING ACCOUNT

COMPLETED BY APPLI	CANT			
DATE:		BANK NAME:		
APPLICANT NAME:			BANK PHONE:	
SOCIAL SECURITY:			BANK FAX:	
DRIVERS LICENSE:			ACCOUNT #:	
Our acceptance of completion and return of t	he information listed	below:	as a Resident at our community is based on the	
COMPLETED BY BANK				
ACCOUNT OPENED:		(M/Y	7)	
ACCOUNT CLOSED:		(M/Y	7)	
# OF NSF CHECKS:		_	AMOUNT AND DATE OF LAST NSF:	
NUMBER OF LOANS:		_	ANY LATE PAYMENTS:	
STATUS OF ACCOUNT:	GOOD	FAIR	POOR	
			CCOUNT? YES/NO REASON:	
COMPLETED BY:(SIGNATURE)			(TITLE/POSITION)	
Should you have ar Thank you for you		ease contac	ct the Leasing Center at (248) 478-4664.	
	OF MY PERSONAL HISTO	ORY AND FI	E TRUE AND COMPLETE. GREEN HILL IS HEREBY AUTHORIZED TO INANCIAL AND CREDIT RECORDS THROUGH ANY INVESTIGATION	
APPLICANT SIGNATURE:			DATE:	
APPLICANT SIGNATURE:			DATE:	
PLEASE FAX BACK TO	: (248) 478-7690			
OR				
2	GREEN HILL APART 2225 GREEN HILL I ARMINGTON HILL	ROAD	335	
Leasing Center • 2222	25 Green Hill Road • Fa	rmington L	Hills MI 48335 • Phone (248)478-4664 • Fax (248)478-7690	