



**VERIFICATION OF RESIDENCY**

**COMPLETED BY APPLICANT**

DATE: \_\_\_\_\_ APPLICANT NAME(S): \_\_\_\_\_  
COMMUNITY NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ APPLICANT ADDRESS: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

**Our acceptance of \_\_\_\_\_ as a Resident at our community is based on the completion and return of the information listed below:**

**COMPLETED BY LANDLORD/APARTMENT COMMUNITY**

MOVE IN DATE: \_\_\_\_\_ RENTAL AMOUNT: \_\_\_\_\_  
LEASE START DATE: \_\_\_\_\_ ANY LATE PAYMENTS: \_\_\_\_\_  
MOVE OUT DATE: \_\_\_\_\_ HOW MANY/HOW LATE: \_\_\_\_\_  
LEASE EXPIRATION: \_\_\_\_\_ ANY NSF CHECKS \_\_\_\_\_  
EARLY TERMINATION FEE/DATE: \_\_\_\_\_ ANY MONEY OWED: \_\_\_\_\_  
HAS THE APPLICANT, A FAMILY MEMBER OR GUEST DAMAGED ANY PROPERTY? \_\_\_\_\_  
PLEASE DESCRIBE: \_\_\_\_\_  
HOW OFTEN? \_\_\_\_\_ HOW EXPENSIVE? \_\_\_\_\_  
HAS THE APPLICANT PAID FOR THE DAMAGES? \_\_\_\_\_  
DID THE APPLICANT INTERFERE WITH THE RIGHT AND QUIENT ENJOYMENT OF OTHER  
TENANTS? \_\_\_\_\_  
PLEASE DESCRIBE: \_\_\_\_\_  
ANY COURT ACTION TAKEN AGAINST RESIDENT: \_\_\_\_\_ REASON: \_\_\_\_\_  
WOULD YOU ALLOW RESIDENT TO RE-RENT? YES/NO EXPLAIN: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_  
(SIGNATURE) (TITLE/POSITION)

Should you have any further questions, please contact the Leasing Center at (248) 478-4664.  
Thank you for your help.

THE FACTS SET FORTH IN MY APPLICATION FOR RESIDENCY ARE TRUE AND COMPLETE. GREEN HILL IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATIONS OF MY PERSONAL HISTORY AND FINANCIAL AND CREDIT RECORDS THROUGH ANY INVESTIGATION OF CREDIT AGENCIES OR BUREAUS OF GREEN HILL'S CHOICE.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE FAX BACK TO : (248) 478-7690**