



FLORIDA PINES REALTY LLC

2901 E. Irlo Bronson Memorial Highway, Suite A, Kissimmee, Florida 34744

Office: 407-892-0040 Fax: 866-863-4088

RESIDENTIAL VERIFICATION

APPLICANT: I agree to allow Florida Pines Realty to obtain the below information from any appropriate, available sources.

Applicant Signature: _____ Date: _____

Applicant Print Name: _____

DATE:		
TO:	FROM:	
FAX:	FAX: 866-863-4088	
TENANT NAME:		
ADDRESS:	CITY, STATE, ZIP:	
LENGTH OF TENANCY: FROM _____ To _____		
MONTHLY RENT/PYMT:	NO. OF LATE PYMTS:	NO. OF NSF'S:
WAS PROPER NOTICE GIVEN?	DID APPLICANT BREAK LEASE?	
DOES APPLICANT HAVE A BALANCE DUE?	WERE THERE DAMAGES TO THE PROPERTY?	
ADDITIONAL COMMENTS:		

Signature of **LANDLORD/PROPERTY MANAGER** giving information: _____

Name: _____ Title: _____

Company Name (if applicable): _____

Contact Phone: _____ Date: _____

PLEASE RETURN BY FAX TO 866-863-4088