

LANDLORD VERIFICATION

INSTRUCTION TO APPLICANT: Please complete SECTION I and forward to your landlord representative.

(Make additional copies for other communities)

SECTION I

Name and Address of APPLICANT

Name and Address of CO-APPLICANT:

APPLICATION STATEMENT: My signature authorizes the request and release of the requested information to Yorkshire Plaza Cooperative. Your response is solely a matter of courtesy for which no responsibility is attached to your community or any of its representatives.

Signature of APPLICANT

Signature of CO-APPLICANT:

Date

Date

SECTION II

(To be completed by apartment or property owner representative)

Name and Address of Apartment or Residence

INFORMATION REQUESTED:

1. Did Applicant and/or Co-Applicant lease a dwelling unit from you? Yes No

Please indicate time period: from _____ to _____.

2. The amount of rent per month? \$ _____.

2. Did Applicant/Co-Applicant make 3 or more payments late in a 12 month period? Yes No

3. Was the Applicant/Co-Applicant respectful of the terms of the lease? Yes No

4. Did Applicant/Co-Applicant have any issues with poor housekeeping? Yes No

5. Would you lease to the Applicant/Co-Applicant again? Yes No

6. Please provide any general comments or additional explanation to above.

Signature of Apartment/Property Owner Representative

Date

Print Name/Title

Phone

Please forward to:

Yorkshire Plaza Cooperative
30300 Telegraph Road, Suite 205
Bingham Farms, MI 48025
Phone: 248-644-4650 Fax: 248-644-4695