



RENTAL VERIFICATION

DATE: _____

TENANT'S NAME: _____

AUTHORIZATION: _____

I hereby authorize Market South Management to investigate the information supplied by me and all inquires it deems necessary to verify and evaluate this application. I specifically authorize and request all present and former employers, mortgage holders, landlords, rental agents, credit grantors, banks, credit reporting agencies, and criminal reporting agencies to release any information requested in connection with the evaluation of this application. I also authorize Market South Management to share the information on this application and related verification data to anyone Market South Management feels is part of the qualifying process, including the Owner of the property.

OFFICE USE ONLY:

ADDRESS: _____

CURRENT RENT: _____

DOES TENANT PAY IN A TIMELY MANNER? _____

HAS TENANT BEEN LATE WITH RENT PAYMENTS? _____

IF SO, HOW MANY TIMES IN THE LAST 12 MONTHS? _____

ANY NSF'S? _____

HAVE YOU RECEIVED ANY COMPLAINTS ABOUT TENANT? _____

IF YES, PLEASE EXPLAIN _____

DID TENANT MAINTAIN THE FOLLOWING IN AN ACCEPTABLE? HOME _____ YARD _____

WOULD YOU RENT TO TENANT AGAIN IN THE FUTURE? _____

IF NO, PLEASE EXPLAIN _____

COMPLETED BY:

NAME: _____ TITLE: _____

PLEASE RETURN VIA FAX: 912-201-0116

Market South Management
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