

The Lofts of Greenville

201 Smythe Street
Greenville SC, 29611
Phone:864-232-0850
Fax:864-232-0177

APARTMENT RENTAL VERIFICATION REQUEST

Current ()

Previous ()

***Phone:** () ____-_____ **FAX:** () ____-_____

***Attn:** _____

***Tenant Name:** _____

***Address:** _____ **Apt.#** _____

Move-in Date: _____ **Move-out Date:** _____

Expiration Date: _____

Was proper notice given? Yes (____) No (____)

Rental Amount: _____

Number of late payments: _____

Number of NSF's: _____

Complaints: _____ **What type:** _____

Damage to unit: _____

Would you re-rent? Yes (____) No (____)

Verified by: _____

Position: _____ **Date:** _____

Please release my information for residency.

***Applicant's Signature:** _____ **Date:** _____

***Applicant to fill out.**