

## LANDLORD VERIFICATION

*This Section to be Completed by Applicant*

Landlord Name				Phone
Landlord Address				Email
City	State	Zip	Fax	

### APPLICANT INFORMATION

Name				
Current Address	City	State	Zip	

**ELECTRONIC SIGNATURE:** *By signing/typing my name below and submitting this form, I hereby authorize my landlord to disclose the requested information below regarding my residential rental history to THORNTON PROPERTIES.*

I agree to the above terms.

**APPLICANT NAME/SIGNATURE**

**DATE**

*This Section to be Completed by Current Landlord or Agent*

### RESIDENTIAL RENTAL INFORMATION

Lease Term	From	To	Monthly Rent \$
Payment History	<input type="radio"/> On Time	<input type="radio"/> Late. If so, how often? _____	<input type="radio"/> NSF. If so, how often? _____
Security Deposit \$	Amount of Security Deposit Returned \$		
Would you rent to this tenant again?	<input type="radio"/> Yes	<input type="radio"/> No. If no, please specify reason below.	

Additional Comments

**LANDLORD NAME/SIGNATURE**

**DATE**

**Please return this completed form by email to [info@ThorntonProperties.net](mailto:info@ThorntonProperties.net), or fax it to 312.880.0001 at your earliest convenience.**