5313 Markview Lane
North Chesterfield, VA. 23234
www.meadowbrookapts.org

MEADOWBROOK APARTMENTS

Phone: (804) 275-1740
Fax : (804) 271-3293
Leasing@meadowbrookapts.org

RENTAL VERIFICATION

Please return by fax or scan and email:
Fax # 804-271-3293
Email: Leasing@meadowbrookapts.org

ADDRESS: _____

_____

We request that you verify the residency and payment history of the applicant referenced below. Please complete the section below and return to us at the above address or fax number. We appreciate your prompt response.

Sincerely, Meadowbrook Apartments (804-275-1740- call if any questions)

LANDLORD OR MORTGAGE COMPANY:

Lease/mortgage starting date: _____
Lease expiration date, if applicable: _____ Final monthly rent/payment: $ _____
per ❑week ❑month ❑year
Within past 12 months, number of late payments: _____ Number of non-sufficient funds checks: _____
Is the account current? ❑yes ❑no If not, how delinquent? _____

LANDLORD ONLY:

Has the applicant had complaints made against them for noise? ❑yes ❑no
Has the applicant had complaints made against them for pets? ❑yes ❑no
Have any non-compliance notices been served to this resident? ❑yes ❑no If yes, please explain: _____

_____

Was proper notice given? ❑yes ❑no Was notice given by ❑resident or ❑Management?
Would you re-rent? ❑yes ❑no If no, please explain: _____

_____

The move out condition of the apartment: Good / Fair / Poor
Was security deposit completely refunded? ❑yes ❑no If no, please explain: _____

_____

Company Representative – Print Name	Signature	Title	Date
_____	_____	_____	_____

AUTHORIZATION OF APPLICANT

I give my permission for my previous or current landlord/mortgage company to verify the requested information to the party named above for the purpose of processing my application for residency.

Applicant- Print Name	Applicant Signature	Date
_____	_____	_____

EQUAL HOUSING OPPORTUNITY