



RESIDENCY VERIFICATION

TO: _____ **FAX:** _____
TEL: _____

FROM: _____ **DATE:** _____

I, _____, have applied for an apartment. I hereby authorize you to release the following information to the respective entity:

Signature **Date**

Dear Property Manager:

The following resident of your Community has applied for Apt #___ at Webster Tower & Terrace. We would appreciate it if you could supply the following information to aid us in the approval process.

Here you will find his/her authorization to release this information. Thank you in advance for your cooperation. **Please fax this form back to us at (415) 931-7156.**

RESIDENT NAME(S): _____

ADDRESS: _____

HOW LONG AT THE ADDRESS? _____

RENT AMOUNT: _____

NSF? _____ LATE PAYMENTS? _____

30 DAY NOTICE? _____ WOULD YOU RENT AGAIN? _____

COMPLAINTS/PROBLEMS? _____

VERIFIED BY:
NAME: _____ SIGNATURE: _____ DATE: _____

TITLE: _____ PHONE/EMAIL: () _____

1489 Webster Street
San Francisco CA 94115
Tel: 415-931-6300