

Ideal property management group, LLC.

214 C East Arlington Blvd ,Greenville, NC 27858

Phone 252-756-8488 Fax 252-756-8483

RENTAL VERIFICATION

OFFICE USE ONLY:

ATTENTION: Leasing Office/Management Co _____

_____ has submitted a rental application with us.

Previous address is/was: _____

Monthly Rent Amount _____ Monthly Pet Fee _____

Beginning Lease Date: _____ Has Lease Expired: _____

On Mth to Mth: _____ Evicted ? _____

Was monthly rent paid on time? _____ # of times late in the past 12 mths? _____

Any return checks in past 12 months? _____ if yes, how many? _____

Any Lease violations? _____ if yes, please explain _____

Have you ever started court proceedings on this tenant? _____ # of times in 12 mth _____

Do they owe any money? _____ If yes, for what? _____

Was proper notice given? _____ would you lease to this tenant again? _____

YOU SIGN BELOW:

Thank you in advance for your cooperation and prompt attention to this verification.

iDeal Property Management Group, LLC

I hereby give my permission to release all of the above information, dated _____

Print Name

Sign Name