  

1302 13th Ave SE ⚫ Watertown, SD 57201

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**LANDLORD VERIFICATION FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I authorize the below stated Individual/Department to provide this information and return it to the person indicated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of 1st Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant/Resident Date Date of 2nd Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form should be completed by: Date of 3rd Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupancy Manager Date

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **This form should be returned to**:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager: Jessica Powers

 605 Property Solutions

 1302 13th Ave SE

 Watertown, SD 57201

Dates of Residency: From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Rental Payments
2. Is (was) applicant current on rent? 🞎 Yes 🞎 No
3. Has (Had) the rent ever been late? 🞎 Yes 🞎 No

 If yes, how late? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much is the current monthly rent amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever begun eviction proceedings for non-payment? 🞎 Yes 🞎 No
3. Caring for the unit
4. As to cleanliness & care of unit, please rate applicant (1-best, 4-worst) 1 2 3 4
5. Has (Had) the applicant/guests damaged the unit? 🞎 Yes 🞎 No

If yes, how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost? \_\_\_\_\_\_\_\_\_\_\_\_\_ Paid for? \_\_\_\_\_\_\_\_\_

1. Will (Did) you keep any of the Security Deposit? 🞎 Yes 🞎 No

What for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. General
2. Have you ever begun eviction proceedings for a reason other than

non-payment? 🞎 Yes 🞎 No

1. Does (Did) the applicant allow unauthorized persons to live in the unit? 🞎 Yes 🞎 No
2. Has (Had) the applicant/guests damaged common areas? 🞎 Yes 🞎 No

 If yes, how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost? \_\_\_\_\_\_\_\_\_ Paid for? \_\_\_\_\_\_\_\_

1. Has the applicant had an issue with bugs in their unit? 🞎 Yes 🞎 No

 If so, what kind (cockroaches, bed bugs, fleas, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does (Did) the applicant create any physical hazards? 🞎 Yes 🞎 No
2. Does (Did) the applicant interfere with the rights & quiet enjoyment? 🞎 Yes 🞎 No
3. Has (Had) the applicant given you any false information? 🞎 Yes 🞎 No

 Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you re-admit this applicant? 🞎 Yes 🞎 No

 If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Warning: Section 1001 of Title 18, United States Code provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than 5 years, or both”*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Printed Name/Title Date