

Timbercreek Townhouses, LLC

Office: 269/349-1000

Fax: 269/349-0710

Date: _____

Request for Verification of Residence

To: _____

Fax: _____

Phone: _____

Regarding:

Name: _____

Reference Address: _____

Dates of residence:

From _____ To _____

Rental Amount: _____

Utilities included? _____

Number of late payments: _____

By how many days was/were payment(s) late? _____

NSF Checks? _____

NTQ's filed? _____

Number of residents: _____

Lease fulfilled? _____

Evicted/Skipped? _____

Noise complaints? _____

Apt. damage? _____

Date: _____

Completed by: _____

By my signature below, I authorize the release of information to be used for the landlord reference.

Date: _____ Signature: _____