

LANDLORD VERIFICATION REQUEST

NAME OF APPLICANT: (*) _____

ADDRESS: (*) _____

The above noted individual has applied for a lease with Abbey Residential Management in Boston, Massachusetts. Please provide us with the necessary information on the spaces provided below and return this form to us as soon as possible. Thank you for your cooperation.

LANDLORD NAME: (*) _____

LANDLORD PHONE: (*) _____

LANDLORD ADDRESS: (*) _____

LENGTH OF RESIDENCY: _____

AMOUNT OF RENT: _____

INCLUDES UTILITIES?: _____

PAID RENT ON TIME?: _____

WOULD YOU RECOMMEND APPLICANT: _____

COMMENTS: _____

INFORMATION PROVIDED BY: _____

Please release the above requested information to Abbey Residential Management, LLC. Your prompt attention will be greatly appreciated.

(*) _____

Signature of applicant

(*) To be filled in by applicant