WYSE PROPERTIES
P. O. Box 564
Getzville, NY 14068-0564
Bus. & Fax 716-688-2526
Email: wyseprop@roadrunner.com

LANDLORD VERIFICATION

We would appreciate you cooperation in providing us with the LANDLORD'S VERIFICATION INFORMATION for one of our past residents named _____. This information if required as part of our application approval process at our apartment community.

I would appreciate if you could mail or fax this verification within 24-48hours so we may process this application.

Landlord's Name:_____
Person Contacted:_____
Phone:_____
Fax:_____
Applicant's Address: _____
_____

I hereby give my permission for the above named Landlord to release information as requested.

_____ _____
Resident Signature Date

TO BE COMPLETED BY LANDORD**.**

Rental Payment $ _____/per month Utilities Included: Yes/No

Length of Residency: _____Expiration of Lease_____

Condition of Apt. During Residency:
(describe)_____

Rent on Time:

If not # of late payments**:**

Any returned checks: Yes (how many) _____ No

Did resident have any violations (noise, trash, etc..):

Any damage to apartment or complex:

Security Expected to be Paid in Full: Yes/No Less normal wear and tear.

Would you Rent to Applicant Again: Yes/No

Comments: _____