

Verification of Tenancy

Tenant's Name: _____ Phone: _____

Present Address: _____

The individual named directly above is an applicant for residential housing that requires verification of current/past Tenancy. The information provided will remain confidential and used for this purpose only. Your prompt response is crucial and appreciated. Please fax response to 559.325.5754.

Tenant's Signature: _____ Date: _____

Tenant's Signature: _____ Date: _____

This section to be completed by Current Property Owner/Agent

Owner/Agent Name: _____ Phone: _____

Company Name: _____

Presently Leasing/Renting: Yes or No Date of Move-In _____ ; _____

Is/Was this Tenant in your good standing: Yes or No

Were there any complaints regarding this Tenant: Yes or No

Did you experience a positive rental experience with this Tenant: Yes or No

Would you recommend this Tenant to another Owner/Landlord for Lease/Rent purposes: Yes or No

Would you rent to this Tenant Again? _____

Owner/Agent Signature: _____ Date: _____

**BRATTON
PROPERTY
— MANAGEMENT —**

418 Clovis Ave Clovis, Ca 93612
Ph 559.325.5754 Fx 559.325.5738
info@thebrattongroupinc.com
www.bratttonpropertymanagement.com
CADRE Lic# 01519528