

**Haywood Village**

919 Haywood Road  
Asheville, NC 28806  
Phone: 828-424-7740  
haywoodvillage@gmail.com

**APARTMENT RENTAL VERIFICATION REQUEST**

**APPLICANTS: Please only fill out the areas with asterisks.**  
**LEASING OFFICE: Please fill out the remaining information.**

Current ( )                      Previous ( )

\*Phone: (     ) \_\_\_\_ - \_\_\_\_                      FAX: (     ) \_\_\_\_ - \_\_\_\_

\*Attn: \_\_\_\_\_

\*Tenant Name: \_\_\_\_\_

\*Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Was proper notice given?    Yes (\_\_\_\_)                      No (\_\_\_\_)

Rental Amount: \_\_\_\_\_

Number of late payments: \_\_\_\_\_

Number of NSF's: \_\_\_\_\_

Complaints: \_\_\_\_\_ What type: \_\_\_\_\_

Damage to unit: \_\_\_\_\_

Would you re-rent?            Yes (\_\_\_\_)                      No (\_\_\_\_)

Verified by: \_\_\_\_\_

Position: \_\_\_\_\_                      Date: \_\_\_\_\_

Please release my information for residency.

\*Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Applicant to fill out.**