

BHB MANAGEMENT SERVICES
971 N. Haugh Street
Indianapolis, IN 46222
(317) 916-0645
(317) 423-3968 Fax

Rental Verification Form

Applicants Name _____

Reason for moving _____

Move in Date _____ Move out Date _____

Any Back Rent Owe? Y _____ N _____

Any damage collection made? Y _____ (if yes, please explain) N _____

Recommendation of tenant Y _____ N _____

Was Lease Term Fulfilled: Y _____ N _____

Was a 30-day Written Notice Given: Y _____ N _____

Would you re-rent to this individual: Y _____ N _____

Were There any Late Rental Payments: Y _____ (if yes how many) _____ N _____

Were There Any NSF Checks: Y _____ (if yes how many) _____ N _____

Please note the signature of the tenant below, allowing release of this information.

Signature _____
Title _____
Date _____

Signature _____
Title _____
Date _____