

# Rental Verification

Campus Edge Condominiums

450 Racine Drive

Wilmington, NC 28403

The individual signed below has submitted a rental application to Campus Edge Condominiums. Please provide the information requested and fax this form to our office at 910-395-6835 or email at [CampusEdge@gmail.com](mailto:CampusEdge@gmail.com).

Please note if the applicant is a  Current resident or a \_\_\_\_\_ past resident at your complex.

Move-In Date: \_\_\_\_\_ Lease Ending Date: \_\_\_\_\_

Amount of Rent \$ \_\_\_\_\_

# of Late Payments: \_\_\_\_\_ # of NSF Checks \_\_\_\_\_

Has proper notice been given? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there currently any past due amount owed on the residents account: \_\_\_\_\_

Has the resident complied with all the community policies: \_\_\_\_\_

Have Legal proceedings ever been filed on this resident: \_\_\_\_\_

Is Resident eligible for re-rental? \_\_\_\_\_

Signature

Title/Position

Date

## TO BE COMPLETED BY APPLICANT:

Name of applicant (please print)

\_\_\_\_\_

I hereby authorized release of the information requested below for my rental address at:

\_\_\_\_\_

Street

City

State

Zip

(Only Sign Here) X \_\_\_\_\_

Applicant's Signature

Date