

C.A. White, Inc.
1211 Chapel Street
New Haven, CT 06511
Main Office (203) 777-6891
CenterPointe Office (203) 848-1800
Fax (203) 777-6655

**REQUEST FOR
RESIDENCY VERIFICATION**

DATE: _____

TO:

The person(s) named below have applied for rental housing through us. You were listed as having rented to the applicant(s). The applicant with his/her signature below, has authorized you to release information about present or prior residency information. Your comments on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank you for your time and attention in this matter.

RE: Resident Name(s) _____

Occupancy Address _____

**APPLICANT'S AUTHORIZATION OF INQUIRY
I hereby consent to the release of my residency information.**

Signature(s)

Date

I am applying for Apartment # _____

Apartment Building (circle one below)

Campus View

CenterPointe

Traymore

Mayfair

Cam/Oxford

PROPERTY OWNER OR MANAGING AGENTS COMMENTS

Dates of Occupancy:

From: _____ To: _____

Rent Payment:

Is (was) tenant current on rent? _____

Has (had) tenant been late on rent payments? _____

Have (had) you ever begun eviction proceedings? _____

Care of Premises:

Does (did) the tenant keep the apartment clean? _____

Has the tenant caused damage to the premises? _____

Has tenant paid the damage? _____

Will you keep any of the Security Deposit? _____

General:

Does anyone other than the tenant on the lease reside at the premises? _____

Does the tenant interfere with the quiet enjoyment of neighbors? _____

Has the tenant given you false information? _____

Would you rent to the tenant again? _____

Signature

Title

Date

Please fax to: 203-777-6655

Thank you.