



124 SW 62<sup>nd</sup> Street ♦ Gainesville, FL ♦ 32607 ♦ Phone: (352) 333-8643 ♦ Fax: (352) 333-2943

## RESIDENT VERIFICATION

\_\_\_\_\_ has applied for residency with Hampton Oaks Apartments. The approval of this Application is based on a thorough background investigation, as well as reference check using the previous address. Please complete and fax this **Resident Verification** as promptly as possible to:

**Hampton Oaks Apartments**  
**Fax Number: 352-333-2943**

**Telephone Number: 352-333-8643**

I, \_\_\_\_\_, have applied for residency at **Hampton Oaks Apartments** and wish to release to **Hampton Oaks Apartments** my past rental history as a resident at:

\_\_\_\_\_ Apartments. **Fax Number:** \_\_\_\_\_

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

**City/ State/ Zip:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For Prior Residential Community Office to Complete

I certify that \_\_\_\_\_ (*Applicant*) is/ was a resident at this residential/ apartment community.

**Rental Payment:**

**Dates of Residency:**

**Number of Late Payments:**

**Number of NSF's:**

**Is there a balance owed:**

**Was proper Notice given:**

**Did Applicant have pets:**

**Any Noise Violations:**

**Any Lease Violations:**

**Was/ Has property been damaged:**

**Would you rent to Applicant again:**

\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified By: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_