

Fill out the Arrows ONLY

RICHARDSON MANAGEMENT, LLC RESIDENCY VERIFICATION WORKSHEET

FRIEND____ RELATIVE____ LANDLORD____ PRESENT____ PREVIOUS____
NAME OF LANDLORD_____

NAME OF APPLICANT_____

ADDRESS_____

I authorize my Landlord named above to furnish the information requested by Richardson Management, LLC. I also release Richardson Management, its LLC managers and members, officers, directors, agents, employees, heirs, and assigns from any and all liability which by reason of compliance with above request.

Applicant's Signature_____

NOTE: DO NOT FILL OUT BELOW THIS LINE

LANDLORD: PLEASE FAX COMPLETED TO (301) 433-0146

1. How long did applicant reside at above address? From_____ To _____ 2. What was the monthly rent paid by applicant? \$_____ 3. Was rent paid as agreed? _____ 4. How many times was rent paid late but before the 15 th of the month? _____ 5. How many times was rent paid late, after the 15th of the month? _____ 6. What is the outstanding balance, if any, on their account? _____ 7. After move-out what was the condition of the apartment? _____ 8. Were there any complaints relating to noise, housekeeping, over-occupancy, etc.? _____ 9. Was a Management Notice issued? _____ 10. Did they give proper notice? _____ 11. Would you rent to this person again? _____. If no, please explain

Verified by: _____ Title: _____ Phone#: _____

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RICHARDSON MANAGEMENT, LLC

EMPLOYMENT VERIFICATION WORKSHEET

Applicant Statement of Release-

I, _____, give permission to release the employment information
below. Signature of Applicant: _____

NOTE: PLEASE DO NOT FILL OUT BELOW THIS LINE (Management & Employer Only)

TO: _____

Employer
Attention: Human Resources/ Payroll / Personnel Department

Your employee has placed an application with Richardson Management, LLC. Your assistance in verification of the following employment information is appreciated. Once completed please fax this page back to (301) 433-0146. Thank you.

Employee Name: _____

Dates of Employment: Start _____ to _____

Position: _____

Full or Part Time (circle one) Hours per week: _____

Payment Schedule: Weekly: _____ Bi-Weekly: _____

Monthly: _____ Other: _____

Salary or Hourly Wage: _____

Verified by: _____ Title: _____ Phone#: _____

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RICHARDSON MANAGEMENT, LLC

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TO: _____

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Position: _____

Full or Part Time (circle one) Hours per week: _____

Payment Schedule: Weekly: _____ Bi-Weekly: _____

Monthly: _____ Other: _____

Salary or Hourly Wage: _____

Verified by: _____ Title: _____ Phone#: _____