

**530 WEST 45
LANDLORD VERIFICATION FORM**

I hereby authorize the release of the request information, which will be kept confidential and used for program purposes only. 530 West 45 Leasing Office will call to verify this information.

Applicant's Name (printed)

Applicant's Signature

Applicant's Log #

Dear Landlord:

As a representative of 530 West 45 Leasing Office, we have been authorized to verify the information provided by the individual whose signature appears above. Thank you for your assistance.

Please complete and return to:

530 West 45 Leasing Office
530 West 45th Street, 4th FL
New York, NY 10036

Fax: 212-504-3299
Email: Leasing@530West45.com
Attn:

1. Resides, or once resided, at the following apartment (list address):

2. Length and dates of residence: _____
3. Monthly Rent Amount – current or time of move out: _____
4. Timeliness of Rent Payment in last 12 months (or 12 months prior to move out):

Paid in full and by date rent was due in each month

Did not pay in full and on time each month – please explain:

5. Care of Premises:

6. Do you plan to, or did you, return the applicant's security deposit in full? YES NO
If no, why?

7. Are you aware of any incidents relating to the applicant that required police presence at the premises? YES NO

If yes, please explain:

8. Other comments:

This information is provided in strict confidence by:

Print Name

Signature

Title (e.g. primary lessee, managing agent, etc)

Address

Daytime Phone Number

Date