

# Makeda Group, Inc.

P.O. Box 280134

Kansas City, MO 64128-0134

Tel: (816) 444-3363 - Fax: (816) 444-3363

## RESIDENCY VERIFICATION AND RELEASE FORM

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I certify that all statements made on the rental application about my current and/or previous tenancy are true to the best of my knowledge. I hereby authorize Makeda Group, Inc. (or its authorized representatives) to contact my current and/or past property managers and references to obtain information about me before, during or after my tenancy. I agree to supply additional information as required. I understand that if any statements and/or information are found to be false or misleading, such falsification may be cause for disqualification or termination of lease.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2010

Applicant's signature: \_\_\_\_\_

### **PROSPECTIVE TENANT: PLEASE DO NOT WRITE BELOW THIS LINE**

**TO THE LANDLORD:** Please verify the following information regarding the applicant listed above. He/She has applied for or, is a tenant with Makeda Group, Inc. We would appreciate your completion of the following requests for information about the applicant regarding the period when the applicant rented, leased or lived with you.

Name of Applicant: \_\_\_\_\_ SSN (if different): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Dates of tenancy: From: \_\_\_\_\_ to \_\_\_\_\_ Number of delinquent payments per year: \_\_\_\_\_

Rate of Rent or Lease: \$ \_\_\_\_\_ per month ( \_\_\_ lease \_\_\_ month-to-month \_\_\_ yearly)

Was there property damage? \_\_\_ Yes \_\_\_ No If yes, please describe briefly: \_\_\_\_\_

Reason for Leaving: \_\_\_ Eviction \_\_\_ Other: \_\_\_\_\_

Would you rent to tenant again? \_\_\_ Yes \_\_\_ No \_\_\_ N/A Why or why not? \_\_\_\_\_

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

Your Name and Title: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Dated: \_\_\_\_\_, 2010 Signature: \_\_\_\_\_

*Thanks for your time and attention to this matter. Please return via fax number listed above.*