



Svigos Asset Management

Property Development & Asset Management

LANDLORD VERIFICATION AND AUTHORITY FORM

Full Name: _____

Birth date: ___/___/___ Social Security #: _____XXX-XX_____.

I _____ authorize the release of my rental / financial / employment information from my current or former Landlord / Financial Aid / University / Employer for the purposes of leasing an apartment from Svigos Asset Management. Please answer any questions and/or release any information sought by Svigos Asset Management to assist in the application process.

TENANT SIGNATURE (sign here) DATE

Present Landlord: _____ Landlord's Number: _____

Present Address: _____ City/State: _____ Zip: _____

Length of Occupancy: From _____ To _____ Monthly Rent: _____ Deposit Amount: _____

APPLICATION QUESTIONS: (To Be Answered By Present or Former Landlord)

Please Circle Yes or No

Is the above information relating to rent amount, deposit amount, and length of tenancy correct? Yes """/ No

Did the Tenant pay their rent on time each month? Yes """/ No

Was the tenant ever the cause of any disturbances or complaints by other tenants or the police? Yes """/ No

Will you return the full security deposit to the tenant? Yes """/ No

Would you recommend this person as a tenant? Yes """/ No

Thank you for filling out this questionnaire please fill in your name, title, and signature and fax back to the number listed above.

Name: _____ Title: _____

Company: _____ Phone: _____

Signature: _____ Date: _____

Upon completion please fax this form to 847 735 8060 or mail to svigosoffice@gmail.com