



"Taking The Headache Out Of Renting"

# Assets & Investments Management, LLC

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## RENT VERIFICATION FORM

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

Tenant's Name : \_\_\_\_\_

Current Address :

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Currant Landlord : \_\_\_\_\_

Landlord's Phone # : (     ) \_\_\_\_\_ -- \_\_\_\_\_ Landlord's Fax # : (     ) \_\_\_\_\_ - \_\_\_\_\_

**I /We hereby give authorization for release of all information pertaining to my /our Rental History, Employment Verification, Criminal and Credit History.**

Tenant's Signature : \_\_\_\_\_

Tenant's Signature : \_\_\_\_\_

### **FOR CURRANT LANDLORD USE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE**

Monthly Rent Amount \$ \_\_\_\_\_ Amount Of Balance on The Account : \$ \_\_\_\_\_

Lease Start Date : \_\_\_/\_\_\_/\_\_\_ Was Proper Notice Given : ( ) Yes ( ) No

Lease End Date : \_\_\_/\_\_\_/\_\_\_ Was The Security Deposit Refunded : ( ) Yes ( ) No

Number of Late Payments : \_\_\_\_\_ Number of Returned Checks : \_\_\_\_\_

Any Damages To The Property : ( ) Yes ( ) No, If Yes please explain : \_\_\_\_\_

Is/Are Tenant(s) eligible for Re-renting ? ( ) Yes ( ) No, If No please explain: \_\_\_\_\_

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature