

**SKYLOFTS**  
500 S. Skyloft Drive • Asheville, NC 28801  
Mailing Address • 919 Haywood Road, Suite 110, Asheville, NC 28806  
Phone: 828-424-7740 • Fax: 828-258-2332

**APARTMENT RENTAL VERIFICATION REQUEST**

Current ( )                  Previous ( )

\*Phone: (     ) \_\_\_\_-\_\_\_\_                  FAX: (     ) \_\_\_\_-\_\_\_\_

\*Attn: \_\_\_\_\_

\*Tenant Name: \_\_\_\_\_

\*Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Was proper notice given?    Yes (\_\_\_)                  No (\_\_\_)

Rental Amount: \_\_\_\_\_

Number of late payments: \_\_\_\_\_

Number of NSF's: \_\_\_\_\_

Complaints: \_\_\_\_\_ What type: \_\_\_\_\_

Damage to unit: \_\_\_\_\_

Would you re-rent?            Yes (\_\_\_)                  No (\_\_\_)

Verified by: \_\_\_\_\_

Position: \_\_\_\_\_                  Date: \_\_\_\_\_

Please release my information for residency.

\*Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Applicant to fill out.