



406 N Hubert Avenue #102
Tampa FL 33609
PH: 813-254-1600
dlee@dlgmt.com

Rental Verification

_____ has applied for residency with DLG Management Services.
. We appreciate you taking a few moments to provide the following information. Thank you.

Name of Community _____

Community Phone # _____ **Community Fax #** _____

Manager/Landlord Name _____ **Manager Signature** _____

Name(s) on Lease _____

Address _____ **Unit #** _____

Lease dates From _____ To _____ Proper Notice Given: YES NO

Amount of Rent Paid _____

Late Payments: Y or N How many: _____

NSF Checks: Y or N How many: _____

Lease Violations: Y or N For what: _____

Any pets in unit: Y or N How many occupants? _____

Any damages: _____ Was housekeeping acceptable YES/NO

Balance Left Owing: _____ Unit left in satisfactory condition: Y or N

Would you re-rent to this person(s): Y or N

Are you aware if this resident was a smoker? Y or N

Comments: _____

Applicant Signature/Printed Name

Property Manager providing information

Print Name/Title