VERIFICATION OF CHECKING ACCOUNT

COMPLETED BY APPLICANT

DATE: _____ BANK NAME: _____

APPLICANT NAME: _____ BANK PHONE: _____

SOCIAL SECURITY: _____ BANK FAX: _____

DRIVERS LICENSE: _____ ACCOUNT #: _____

Our acceptance of _____ as a Resident at our community is based on the completion and return of the information listed below:

COMPLETED BY BANK

ACCOUNT OPENED: _____(M/Y)

ACCOUNT CLOSED: _____(M/Y)

OF NSF CHECKS: _____ AMOUNT AND DATE OF LAST NSF: _____

NUMBER OF LOANS: _____ ANY LATE PAYMENTS: _____

STATUS OF ACCOUNT: GOOD FAIR POOR

WOULD YOU ALLOW CLIENT TO OPEN ANOTHER ACCOUNT? YES/NO REASON:_____

REMARKS:_____

COMPLETED BY: _____

(SIGNATURE) (TITLE/POSITION)

Should you have any further questions, please contact the Leasing Center at (734) 421-4977.
Thank you for your help.

THE FACTS SET FORTH IN MY APPLICATION FOR RESIDENCY ARE TRUE AND COMPLETE. RIVER BEND IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATIONS OF MY PERSONAL HISTORY AND FINANCIAL AND CREDIT RECORDS THROUGH ANY INVESTIGATION OF CREDIT AGENCIES OR BUREAUS OF RIVER BEND'S CHOICE.

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

PLEASE FAX BACK TO : (734) 421-7198

OR

MAIL BACK TO : RIVER BEND APARTMENTS
30500 W. WARREN
WESTLAND, MI 48185