



RB ADDRESS: _____/_____/_____

MOVE IN DATE: _____

VERIFICATION OF RESIDENCY

COMPLETED BY APPLICANT

DATE: _____

APPLICANT NAME(S): _____

COMPLEX NAME: _____

PHONE: _____

APPLICANT ADDRESS: _____

FAX NUMBER: _____

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

COMPLETED BY LANDLORD / APARTMENT COMPLEX

MOVE IN DATE: _____

RENTAL AMOUNT: _____

LEASE START DATE: _____

ANY LATE PAYMENTS: _____

MOVE OUT DATE: _____

HOW MANY/HOW LATE: _____

LEASE EXPIRATION: _____

ANY N.S.F. CHECKS: _____

EARLY TERMINATION FEE/DATE: _____

ANY MONEY OWED: _____

HAS THE APPLICANT, A FAMILY MEMBER OR GUEST DAMAGED ANY PROPERTY? _____

PLEASE DESCRIBE _____

HOW OFTEN? _____ HOW EXPENSIVE? _____ HAS THE APPLICANT PAID FOR THE DAMAGES? Y / N

DID THE APPLICANT INTERFERE WITH THE RIGHT AND QUIET ENJOYMENT OF OTHER TENANTS? _____

PLEASE DESCRIBE _____

HAS THE APPLICANT EVER HAD PEST CONTROL TREATMENT? _____ IF YES, WHAT KIND? _____

ANY COURT ACTION TAKEN AGAINST RESIDENT: _____ REASON: _____

WOULD YOU ALLOW RESIDENT TO RERENT? YES / NO EXPLAIN: _____

VERIFIED BY: _____
(SIGNATURE) (TITLE/POSITION)

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

River Bend Apartments

THE FACTS SET FORTH IN MY APPLICATION FOR RESIDENCY ARE TRUE AND COMPLETE. RIVER BEND IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION 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 TO: (734) 421-7198

OR MAIL TO:

RIVER BEND APARTMENTS
30500 W. WARREN ROAD
WESTLAND, MI 48185