



RENTAL HISTORY VERIFICATION REQUEST FORM

Falcon Landing Luxury Apartments

Phone (702) 577-3002

Fax (702) 441-1440

Email: leasing@falconlandingnevada.com

To Landlord/

Management Company: _____ Address: _____

Fax: _____ Phone: _____

By signing below, I authorize the above mentioned landlord/management company to completely and accurately answer these questions regarding my residency. I hereby release them from any liability for the answers provided.

Applicant Name: _____ Date: _____

Applicant Signature: _____

Please complete the following information and fax back to Falcon Landing.
We appreciate your prompt response. Thank you!

Applicant: _____

Co-Applicant: _____

Lease Start Date: _____ Move In Date (If different): _____

Lease End Date: _____ Move Out Date (If different): _____

Rental Amount: \$ _____

Is Rent Paid On-Time? Yes _____ No _____ Explain: _____

Number of NSF's: _____ Number of Late Payments: _____

Number of Lease Violations: _____ Explain: _____

Was Proper Notice Given? Yes _____ No _____ Explain: _____

Total Balance Remaining: \$ _____

Of the total balance remaining, how much of it includes the following:

Outstanding Rent: \$ _____

Damage to property: \$ _____

Concessions: \$ _____

Would You Re-Rent? Yes _____ No _____ Explain: _____

Additional Comments: _____

Completed By: _____ Title: _____

Signature: _____ Date: _____