

Strand Management Group
590 River Oaks Drive
Myrtle Beach, South Carolina 29579
Phone843-236-1353**
Fax843-236-1410**

RENTAL VERIFICATION FORM:

Name of Applicant: _____

Is the Applicant the Lease Holder or Occupant: _____

Property Address: _____

Date of move in: _____ Date of move out _____

Date of lease expiration: _____

Have they given proper notice to vacate: **YES** or **NO**

Monthly rent amount: \$ _____ What date is the rent due: _____

Number of Returned Checks: _____ Number of Stopped Payment on Checks: _____

If rent has been late, how many days late past the due date: _____

Resident ever filed into evictions: **YES** or **NO** Number of times in evictions: _____

If the evictions were cancelled why did you decide to cancel the evictions: _____

Do they currently owe a balance: **YES** or **NO**

How much and what is the balance due for: _____

Did you do unit inspections, while they were residents: **YES** or **NO**

If yes, condition of unit during inspections and how many inspections: _____

Have you completed the move out inspection **YES** or **NO**—Condition of unit upon move out: Excellent, Dirty, Unrentable, Major Repair Work Needed

Has applicant complied with the Rules & Regulations: **YES** or **NO**
If no, please explain: _____

Does the applicant have pets: **YES** or **NO** How many: _____

Would you rent to applicant again: **YES** or **NO** If no, please explain: _____

Rental Agent—Please Print

Date

Name of Rental Company

Office Telephone Number

PLEASE FAX BACK IMMEDIATELY TO 843-236-1410 DUE TO TIME SENSITIVE MATTER!!!!