SIMMONS REAL ESTATE, INC.

417 F STREET, STE 3, DAVIS, CA 95616
(530) 753-5638; FAX (530) 753-4002
e-mail: simmonsrental@att.net website: simmonsre.net

RENTAL VERIFICATION FORM

Property Address:_____

Tenant's Name:_____

Tenant's Signature_____

Address of Rental Unit including Apt. #:_____

Applicant authorizes verification of rental references provided and agrees to furnish additional references upon request.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

To: _____ Fax: _____

Dates of Occupancy:_____/_____/_____ to_____/_____/_____

Monthly Rental Rate:$_____

1. Rent Paid on Time Yes No

   Number of Times Late_____

2. NSF Checks Yes No

   Number of NSF Checks_____

3. Legal Notices Served Yes No

4. Moved Out w/Balance Owing & In Collections Yes No

   Amount of Outstanding Balance $_____

5. Violation of Pet Policy Yes No

6. Was property clean when vacated? Yes No

7. Would you rent to this tenant again? Yes No

Please fax this information back to us as soon as possible. Thank you!