



RENTAL VERIFICATION REQUEST

Phone:(718) 326-5600
Fax:(718) 762-1931
Email: leasing-office@swqueens.com
Web:www.swqueens.com

The person listed below has applied for residency with SW Queens Mezzanine LLC.
Your name has been provided to us as either a present or a previous Landlord. In order to process the application we request that the following information be completed by an authorized representative and returned to us.
To help expedite this request once you have completed it, please return it via fax: (718) 762-1931 or via email: leasing-office@swqueens.com

YOUR PROMPT ATTENTION IS APPRECIATED

APPLICANT NAME: _____

ADDRESS: _____

MOVE-IN DATE: _____

MOVE OUT DATE: _____

RENT AMOUNT: _____

APPLICANT GIVEN PROPER NOTICE: YES NO

SATISFACTORY ACCOUNT: YES NO If NO amount in arrears _____

LATE: YES NO If YES how many times _____

NSF CHECKS: YES NO If YES how many times _____

FULFILLED LEASE REQUIREMENTS: YES NO

APPLICANT INCUR ANY COST FOR DAMAGES, LATE FEES OR OTHER CHARGES: YES NO

PLEASE USE SPACE BELOW FOR ADDITIONAL COMMENTS YOU MAY WISH TO MAKE:

Verified by: _____ Title _____ Date: _____

I, undersigned have applied for an apartment with SW Queens Mezzanine LLC, I give my authorization to release any information regarding my residency at the above address.

Applicant Signature: _____ Date: _____

Applicant Name (Please Print): _____