



Real Estate Sales & Management

707 E. Jefferson St., Charlottesville, VA 22902
Phone 804.977.2650 • Fax 804.977.2652 • Email alcova@cfw.com

Rental Verification

****Please sign the bottom of this form. Our office will then have it filled out by your current/previous Landlord or Management Company****

TENANT'S NAME: _____

ADDRESS: _____

TERM OF RESIDENCY: _____

RENT AMOUNT: _____

OF LATE PAYMENTS IN THE PAST 12 MONTHS: _____

ANY NEIGHBOR COMPLAINTS? _____ NO _____ YES
IF YES, NATURE OF COMPLAINT: _____

WOULD YOU RENT TO HIM/HER AGAIN? _____ NO _____ YES
IF NOT, WHY? _____

SIGNATURE OF RENTAL REPRESENTATIVE: _____

BY SIGNING THIS FORM PERMISSION IS GRANTED TO SUPPLY THIS INFORMATION:

SIGNATURE: _____ DATE: _____

PLEASE CALL OR FAX BACK TO ALCOVA PROPERTIES, INC.
PHONE # (434) 977-2650 FAX # (434) 977-2652