

Orion at Hermosa Pointe

10002 N. 7th St. Phoenix, AZ 85020
Phone: 602-944-5588 Fax: 602-944-7112

VERIFICATION OF RESIDENCY

Community Name: _____
Address: _____
Phone: _____ Fax #: _____

To Whom It May Concern:

The following individual has applied for residency at Orion at Hermosa Pointe in Phoenix, Arizona. Your company name was listed as either a present or previous residency. In order to process the application, we request the following information be completed by a manager and faxed back. Your prompt attention and response is most appreciated.

Applicant Name: _____

Date of Residency: _____

Did Resident give 30 Day Notice? YES NO

If yes, for what move out date? _____

Any rent payments late? YES NO

If yes, how many? _____

Any NSF checks? YES NO

If yes, how many? _____

Any letters of non-compliance? YES NO

If yes, please explain? _____

Would you re-rent to this resident? _____

Verified By: _____ **Title:** _____

I authorize the above company to release to Orion at Hermosa Pointe pertinent information regarding my residency.

Applicant

Date