

# Parkwood Village

Apartments



## *Rental Reference*

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF RESIDENCY: \_\_\_\_\_ THROUGH: \_\_\_\_\_

AMOUNT OF RENT? \_\_\_\_\_ HAS LEASE EXPIRED? \_\_\_\_\_

# OF LATE PAYMENTS \_\_\_\_\_ # OF NSF's \_\_\_\_\_

ANY PROBLEMS? \_\_\_\_\_

IF SO, PLEASE EXPLAIN \_\_\_\_\_

ELIGIBLE FOR RE-RENTAL? \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

\*\*\* PLEASE FAX BACK TO (919) 834-9874. THANK YOU FOR YOUR PROMPT RESPONSE AND FEEL FREE TO CALL US AT (919) 832-7611 SHOULD YOU HAVE ANY QUESTIONS.