

TENANT HISTORY INFORMATION

The following individual has applied for rental housing and needs to have their rental history verified.

SECTION ONE

Tenant Name: _____

Lease Origination Date: _____

Expiration Date of Current Lease: _____

Complex Name and Address: (If Applicable) _____

Complex Telephone Number: _____ Complex Fax Number: _____

Total Rental Rate: \$ _____

\$ _____ Amount of Subsidy (If Any)

\$ _____ Tenant Portion of Rent

Rental Unit Address: _____

City and State: _____

SECTION TWO

PAYMENT HISTORY – (Throughout the entire term of lease.)

Number of On Time Payments: _____ Number of Late Payments: _____

Amount of Outstanding Balance (If Any): _____

Comments:

Name of Landlord/Manager (Please Print) _____

Signature of Landlord/Manager _____ Date _____

Landlord/Manager Phone Number: _____

Please return this document by fax to Central Florida Community Development Corp. at (386) 238-3428.