



GORDY REALTY GROUP

PO Box 6425, Marianna, FL 32447
850-484-PROS(7767) Office
850-845-8004 Fax

Verification of Residency

INSTRUCTIONS: *TWO FULL YEARS of residency are required. If you did not own your own home during this time or a portion thereof, please complete this form for that time period. Please make copies of this form as needed for each current/previous Landlord(s)/Owner(s) to fill out their section. Send the completed form(s) via fax to 850-845-8004 or via email to hello@gordyrg.com*

Applicant: Complete This Section

I hereby authorize my Landlord/Owner to furnish the information requested below:

Applicant Name

Social Security Number

Property Address to be verified (including City, State and Zip Code)

Applicant Original Signature

Date

Applicant: DO NOT COMPLETE THIS SECTION. IT IS FOR THE OWNER ONLY.

Monthly Rent: _____	Move-In Date: _____	Move-Out Date: _____	Proper Notice Given? _____
Balance Owed: _____	Animals? _____	Number of Occupants: _____	
Deposit Returned: _____	If not, why? _____	Eligible to Rent Again? _____	
Is applicant responsible party or occupant only? _____			
Why did applicant move out? _____			
Are you friends/family of applicant? Yes / No If Yes, Explain _____			
Late payments, NSF's, violations, and/or comments: _____			

_____		_____	
Property Name (if applicable)		Email Address	
_____		_____	
Owner Original Signature		Phone Number	
_____		_____	
Owner Name (Please Print)		Date	
_____		_____	

This Section for Gordy Realty Group Only

_____	_____
Contact Authenticated	Date