



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 applications@gordyrg.com*

Applicant: Complete This Section

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

Applicant Name

XXX-XX-_____
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