



ARCADIA STATION

LOFTS

1875 Hayne St.

Spartanburg, SC 29301

864-308-1659

Apartment Rental Verification Request

Applicant: Please only fill out the areas with asterisks*
Leasing Office: Please fill out the remaining information.

Current () Previous ()

*Phone: () _____ - _____ FAX: () _____ - _____

*Affn: _____

*Applicant Name: _____

*Address: _____ Apt. # _____

Move-in Date: _____ Move-out Date: _____

Expiration Date: _____

Was proper notice given? Yes (____) No (____)

Rental Amount: _____

Number of late payments: _____

Number of NSF's: _____

Complaints: _____ If so what type: _____

Damage to unit: _____

Would you re-rent? Yes (____) No (____)

Verified by: _____

Position: _____ Date: _____

Please release my information for residency.

*Applicant Signature: _____ *Date: _____