Previous Landlord Verification Form

4 coachman Drive, Elkton, MD 21921
Phone: 410-620-0004 / Fax: 410-620-9186
EMail: amc@acorn-management.com
www.acorn-management.com

Our tenant selection policy requires us to verify certain information about all members of families applying for residency with Acorn Management Co., Inc. To comply with this requirement, we ask for your cooperation in authorizing your current/previous landlord to release information about your residency. This information will be used only in determining whether your application will be accepted for admission. Please fill in your name(s), Landlord contact information and sign below.

APPLICANTS:_____
APPLICANT#1 NAME – (Please Print)

_____
APPLICANT#2 NAME – (Please Print)

Applicant to enter contact information for current/previous Landlord:

Date: _____

Landlord Name: _____

Company (If Applicable): _____

Phone Number: _____

Fax Number: _____

Email: _____

Property Address while Renting from this Landlord:

_____
STREET CITY STATE ZIP

I hereby give authorization for my previous/current landlord to release my rental information to: Acorn Management Co., Inc.

_____
APPLICANT #1 -- PRINT NAME SIGNATURE DATE

_____
APPLICANT #2 -- PRINT NAME SIGNATURE DATE