



# Austin Tyler & Co

## 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. Upload the completed form(s) within your Portal, send via fax to 850-526-1116, or via email to email@austintylerco.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: _____	Pets? _____	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 Austin Tyler & Co Only**

_____ Contact Authenticated	_____ Date
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