

Madera Management Company, Inc.

Professional Property Management

CONFIDENTIAL VERIFICATION OF RESIDENTIAL HISTORY

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

Date: _____

TO: _____

RETURN FORM TO:

MADERA MANAGEMENT COMPANY, INC.
 411 N. I STREET, SUITE A
 MADERA, CA 93637
 (559) 661-4414
 (559) 661-4442 FAX

RE: _____
 Applicant/Tenant Name

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

x _____ x _____ _____
 Signature of Applicant/Tenant Signature of Applicant/Tenant Date

RETURN THIS VERIFICATION TO THE COMPANY LISTED ABOVE (This information is important because Madera Management Company, Inc. has a responsibility to treat this information confidentially.) Your prompt return of this information will help assure timely processing of the application. The applicant/resident has consented to this release of information as shown above.

AREA BELOW TO BE COMPLETED BY OWNER, LANDLORD OR PROPERTY MANAGER

- Date of applicant's tenancy: From: _____ to _____
- Number of family members in household? _____ Does (did) the family have (had) any pets?..... Yes No
1. Rent Payment
 - a) Rental Rate \$ _____ per Month _____ Week
 - b) Has the applicant been paying this rent for less than 90 days?..... Yes No
 - c) Is (was) applicant current on rent?..... Yes No
 - d) Have (had) you ever begun eviction proceedings?..... Yes No
 - e) Has (had) him/her ever been late on payment?..... Yes No
 - f) If yes, how many times in the last 12 months? _____
 2. Caring for Unit
 - a) Has (had) the applicant damaged the unit?..... Yes No
 If yes, describe _____
 - b) Has (had) the applicant paid for the damage?..... Yes No
 3. General
 - a) Does (did) the applicant interfere with the rights and quiet enjoyment of other tenants?..... Yes No
 - b) Does (did) the applicant permit persons other than those authorized to live in the unit?..... Yes No
 - c) Has (had) the applicant or family members damaged or vandalized the common areas?..... Yes No
 - d) Does the applicant pay separately for rent and utilities?..... Yes No
 - e) Would you re-rent to this household again?..... Yes No

PRINT NAME OF PERSON SUPPLYING INFORMATION	FIRM OR ORGANIZATION	PHONE #
AUTHORIZED SIGNATURE	TITLE	DATE COMPLETED

CONFIDENTIAL VERIFICATION OF RESIDENTIAL HISTORY