

Ocean Trace

1225 Old Virginia Beach Road, VA 23451

757.422.2991

757.422.1354 Fax

Dear Ladies & Gentlemen

In order to process our applicant's file, we will need your assistance regarding verification of residency. Your prompt attention to this matter is very much appreciated by the applicant as well as the staff here at Ocean Trace. Please see below for the applicant's signature allowing you to release the information to us.

| | |
|------------------------------|--|
| Resident(s): | |
| Address: | |
| Date of Lease: | |
| Proper Notice Given? | |
| Monthly Rent: | |
| Number of Late Payments: | |
| Would you re-rent? | |
| Any Lease Violations? | |
| How many people on Lease? | |
| Any Pets? If yes, what kind? | |
| Any damage to the apt? | |
| Your signature and title: | |

Thank you in advance for your cooperation.

Ocean Trace

Please fax back to 422-1354.

Signature: _____

Signature of Applicant releasing the above information to Ocean Trace