



1982 Maybank Hwy, Charleston SC 29412  
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### RENTAL HISTORY VERIFICATION FORM

THANK YOU For your assistance in filling out this form. Please complete, sign and return this document via Email ([rent@SloaneTeamRealty.com](mailto:rent@SloaneTeamRealty.com)) Fax: 843-795-1059

Name of Applicant(s): \_\_\_\_\_

Current/Previous Address: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_ Rental Amount: \_\_\_\_\_

Is the applicant a TENANT, or authorized OCCUPANT?	TENANT	OCCUPANT
Were there other tenants or occupants?	YES	NO
Was the full deposit refunded?	YES	NO
Would you rent to them again?	YES	NO
Did they give proper notice?	YES	NO
Did you ever have to file for EVICTION?	YES	NO

If YES, How many times/reasons: \_\_\_\_\_

Did the applicant comply with the lease terms? YES NO If NO, Please Explain: \_\_\_\_\_

Did the applicant have a pet? YES NO # of Pets/Kind of Pets: \_\_\_\_\_

Any pet related issues? \_\_\_\_\_

Number of LATE payments: \_\_\_\_\_ Number of NSF checks: \_\_\_\_\_ Amount of past due balance: \_\_\_\_\_

Date of last inspection: \_\_\_\_\_ Property condition: \_\_\_\_\_

Did you receive any complaints about this tenant: \_\_\_\_\_

Condition of the property when the tenant vacated: \_\_\_\_\_

Completed By:  
Landlord Name and Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_