



5757 Wooldridge Road, Corpus Christi, TX 78414  
 P: (361) 991-9184 F: (361) 991-9148  
 www.saratogacoveapts.com info@saratogacoveapts.com

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

To: \_\_\_\_\_  
*Name of Community or Landlord*

\_\_\_\_\_  
*Personnel Contact*

Fax/Phone: \_\_\_\_\_

From: \_\_\_\_\_  
*Leasing Agent Name*

Re: Rental Verification For: \_\_\_\_\_  
*Applicant's Name*

**Please Provide The Following Information:**

Current or Previous Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_  
*Apt. / Suite*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*City* *State* *Zip*

Proper Notice Given?.....Yes / No  
 Lease Violations?.....Yes / No  
 Would You Rent or Renew Again?.....Yes / No  
 Ever Have a Fire?.....Yes / No  
 Have you had to treat this unit for bed bugs?.....Yes / No

Rental Amount: \_\_\_\_\_ # of Late Pays: \_\_\_\_\_ # of NSF's: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Dates of Residency: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_

Authorization: I or we authorize Saratoga Cove Apartments to: (1) share the above information with owner's electric provider, and (2) verify, by all available means, the above, including reports from consumer reporting agencies before, during and after tenancy on matters relating to my lease, and income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Spouse's Signature*

**Please return via fax to (361) 991-9148 or if you have any questions call us at (361) 991-9184.**