



Date: _____

TEL(561)-502-3659
FAX(561)969-6220

RENTAL VERIFICATION FORM

Name of Apartment complex _____

Address of Apartment complex _____

Phone Number _____ Fax Number _____

<p>TENANT NAME : _____</p> <p>APARTMENT NUMBER _____</p> <p>LEASE SIGNED _____ (please initial)</p> <p>LEASE PAID _____ (please initial)</p> <p>COMMISSION \$ _____ (please initial)</p> <p>MOVE IN DATE / /</p> <p>LEASING AGENT NAME _____</p> <p>AGENT SIGNATURE _____</p>

PLEASE FAX BACK TO 561-969-6220

HIGHLIGHT REALTY AGENT NAME : _____

HIGHLIGHT REALTY AGENT PHONE : _____

THIS FORM IS USED BY BOTH HIGHLIGHT REALTY CORP AND HIGHLIGHT REALTY NETWORK CORP