



Thank you for assisting us.

Please Verify the Current/Past Residency on this Apartment Applicant.  
Their signature below authorizes the release of the Residency information.

Cedar Creek Lodge Apartments

Leasing Consultant: Cheyenne Capps or Joanne Bares

Phone No: 314-353-1335

Fax No: 314-832-3853

Email: cc@twgstl.com

**Applicant #1**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant #2**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

<b>Residency Verification:</b>	<b>Applicant #1</b>	<b>Applicant #2</b>
<b>Name of Property/Person completing form</b>	_____	_____
<b>Verifier's Position:</b>	_____	_____
1. How long has Applicant rented from you?	_____	_____
2. Did they fulfill their lease?	_____	_____
3. Do they pay on time and as agreed?	_____	_____
4. Have you received any returned checks?	_____	_____
5. Any disturbances?	_____	_____
6. Would you re-rent to this person?	_____	_____
7. How much rent was this person's responsibility?	_____	_____