



**QUEST**  
REAL ESTATE, LLC

Licensed Real Estate Broker ♦ Tenant Placement ♦ Property Management

**4250 Lakeside Drive #212**  
**Jacksonville, FL 32210**  
**PHONE 904.373.9171**  
**FAX 904.381.4313**

## RENTAL HISTORY VERIFICATION

\*SEPARATE FORM REQUIRED FOR EACH APPLICANT\*

NAME \_\_\_\_\_  
LAST FIRST M.I.

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY/STATE ZIP CODE

DATE \_\_\_\_\_

The above-mentioned applicant is being considered for residency in one of the properties managed by Accent of Florida, Inc. The information you provide will be used in part to help determine the applicant's qualification. Please fill out the following form completely and fax it directly to Accent of Florida, Inc. at (888) 854-1925. Thank you for your assistance.

PRESENT AGENT:

CONTACT INFO \_\_\_\_\_  
NAME PHONE FAX

HOW LONG HAS APPLICANT/TENANT LIVED AT YOUR PROPERTY? \_\_\_\_\_

CAN YOU RECOMMEND THE APPLICANT/TENANT FOR RESIDENCY (If no, please explain)? \_\_\_\_\_

IS THE APPLICANT/TENANT BEING EVICTED (If yes, please explain)? \_\_\_\_\_

DID THE APPLICANT/TENANT PAY RENT AS AGREED TO IN PRESENT LEASE (If no, please explain)? \_\_\_\_\_

DID THE APPLICANT/TENANT MAINTAIN GOOD HOUSEKEEPING (If no, please explain)? \_\_\_\_\_

DID THE APPLICANT/TENANT DAMAGE OR DESTROY THE PROPERTY (If no, please explain)? \_\_\_\_\_

AGENT'S PRINTED NAME

AGENT'S SIGNATURE

DATE