CITY OF BELLE GLADE VERIFICATION OF RENT



Attn: Human Resources 110 Dr. Martin Luther King Jr. Blvd. West Belle Glade, FL 33430-3900

PHONE: 561-996-0100 - FAX: 561-993-1813

The City of Belle Glade has received an application for a mortgage loan from the applicant listed below, to whom we understand you rent or have extended a loan. We are currently evaluating the applicant's eligibility and we need to evaluate the applicant(s) rental payment history and care of the rental property.

PART I - REQUEST	
TO:	APPLICANT(S) NAME & ADDRESS:
I hereby authorize the release of the below requested information to the request for homeownership loan.	e City of Belle Glade (LENDER), in their attempt to determine eligibility of my
Signature of Renter/Applicant	 Date
Signature of Co-Renter/Applicant	Date
PART II - LANDLORD/CREDITOR - Please complete as a	applicable. Sign and return to the CITY OF BELLE GLADE.
DATE OF OCCUPANCY:	
FROM:TO:	
RENTAL DUE DATE:	IF SUBSIDIZED, AMOUNT: \$
CURRENT MONTHLY RENT AMOUNT: \$	WHO PAYS SUBSIDY:
LEASE EXPIRATION:	
DOES RENT INCLUDE UTILITIES OR ALLOWANCES: YES NO IF YES, EXPLAIN:	
YES NO IF YES, EXPLAIN:	
	AMOUNT OF UTILITIES OR ALLOWANCES INCLUDED IN RENT:
RENTAL HISTORY DURING THE LAST 24 MONTHS:	\$CURRENT STATUS OF RENT:
ALWAYS PAYS BY THE DUE DATE.	RENT IS CURRENT RENT IS BEHIND
PAYS OVER 30 DAYS LATE.	AMOUNT BEHIND: \$
NUMBER OF TIMES OVER 30-DAYS LATE WITHIN	DATE LAST PAID:
PAST 12 MONTHS:	NEXT DUE DATE:
GENERALLY STAYS BEHIND SCHEDULE	
*ADDITIONAL INFORMATION THAT MAY BE OF ASSISTANCE I	N DETERMINING APPLICANT(S) CREDIT WORTHINESS:
Signature of Landlord or Authorized Representative	Date