

# Pestorich Holdings LLC

## Rental History Verification Request

### TO BE COMPLETED BY OFFICE:

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
From: Pestorich Holdings LLC  
Re: Lease Applicant: \_\_\_\_\_ Property: \_\_\_\_\_

### TO BE COMPLETED BY APPLICANT:

I, \_\_\_\_\_, hereby authorize release of the information requested below.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY OWNER / AGENT:

The lease applicant referenced above has applied to lease a property from Pestorich Holdings LLC. Please provide the following authorized rental history information required by us in order to lease this property to the mentioned rental applicant. We appreciate your prompt response!

Dates of residency: \_\_\_\_\_

Rent amount: \$ \_\_\_\_\_

Is rent paid on time? \_\_\_\_\_ Yes \_\_\_\_\_ No Number of NSF's: \_\_\_\_\_

Number of late payments: \_\_\_\_\_

Care of rental unit: \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Remaining balance: \$ \_\_\_\_\_

Would you re-rent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Title of person completing form: \_\_\_\_\_

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

Printed name: \_\_\_\_\_

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

**Please return this form as soon as possible to:**

Pestorich Holdings LLC  
Fax: (559) 256-7730  
[applications@pestorich.com](mailto:applications@pestorich.com)