



Office: 913-766-2191 Fax: 913-766-2191  
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### RENTAL HISTORY REQUEST

To: \_\_\_\_\_ Date: \_\_\_\_\_  
From: Key Partners Property Management

We are processing an application for the applicant(s) listed below to lease a home from us. We appreciate your cooperation in providing the following information as quickly and thoroughly as possible. Your response may be sent via fax or email to Key Partners. Thank you for your time and prompt response.

Applicant Name: \_\_\_\_\_

Address when leasing from you: \_\_\_\_\_ Dates of Lease/Occupancy: \_\_\_\_\_

Monthly amount of rent: \$ \_\_\_\_\_ How many times (if any) was this applicant late past grace period? \_\_\_\_\_

Number and breed of Pets: \_\_\_\_\_

Has eviction ever been filed against this applicant? NO YES If yes, please explain. \_\_\_\_\_

Do you have any complaints about this applicant or their pets? NO: \_\_\_\_\_ YES: \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Did this tenant give proper notice to vacate/terminate lease? NO: \_\_\_\_\_ YES: \_\_\_\_\_  
Would you rent to this applicant again? NO: \_\_\_\_\_ YES: \_\_\_\_\_  
Were any damages done to the home that the tenant was responsible for? NO: \_\_\_\_\_ YES: \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Did the tenant leave the home in clean and move in ready condition: NO: \_\_\_\_\_ YES: \_\_\_\_\_  
If No, please explain: \_\_\_\_\_

Did the tenant receive their full deposit back: NO: \_\_\_\_\_ YES: \_\_\_\_\_  
If No, please explain: \_\_\_\_\_

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_

**Name and Title of Person supplying this information:**

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

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

Title: \_\_\_\_\_

**By signing below, I hereby grant permission for the person or business to whom this request is addressed to release any applicable information about my rental history to Key Partners Property Management.**

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_