

Galt Speak Student Homes – Information Form

RENTAL HISTORY (including on campus)

Name: _____
(First) (Middle) (Last)

Have you ever been evicted or disciplined for a housing infraction? ___yes ___no

Alcohol-related tickets ___yes ___no DUI ___ yes ___ no

CURRENT Address: _____

___ On Campus ___ Off Campus

Name of Landlord: _____

Address of Landlord:

Phone Number of Landlord: _____

Dates of Rental From _____ To: _____

PREVIOUS address : _____

___ On Campus ___ Off Campus

Name of Landlord: _____

Address of Landlord:

Phone Number of Landlord: _____

Dates of Rental From _____ To: _____

Name _____ Phone _____

I hereby state that the above information is complete and accurate. By signing below I understand a background check including landlord verifications will be done.

Signature of Tenant

Date