Kalamazoo Valley Community College Verification of Residence for Renters

This form can be submitted with a Personal Information Update form to verify rental property information. Typed signatures and incomplete forms will not be accepted. Signatures must be written or a certified electronic signature.

Student/Renter's Identification

Valley Number	First Name		Last	Name		
V00		I =	A -1 -1			
Telephone Number		E-mail i	Address (opti	onal)		
Property Renta	al Informati	ion				
Street Address (your rental property location, not the leasing				g office) Apartment or Lot Number		
City			State	Zip Code	Zip Code	
Lease Start Date (mm/dd/yyyy)			Lease End Date (mm/dd/yyyy)			
I authorize the release Student's signature	e and confirmation	on of the abo	ve property r	ental information to Kal	amazoo Valley.	
Property Owner			rental inform	ation. Thank you.		
Name of property ov	vner or leasing a	gency				
Telephone Number E-n		E-mail /	ail Address (optional)			
Printed name of owner or representative			Title			
I verify that the prope	rty rental informa	ation provided	d above is co	rrect.		
Signature of propert	y owner or repre	sentative		Date		
dmissions, Registrational alamazoo Valley Com 767 West O Avenue, F alamazoo, MI 49003-4	munity College PO Box 4070	Anna Whit	ten Hall, Arca	us Rm 9140 or Idia Commons Campus Center in the front lobby		