

Application Number:

Date of Application:

Residence Verification Report

Name of Applicant		
Residence Address		
Address Confirmed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tel. Number	<input type="checkbox"/>	Mobile no: <input type="checkbox"/>
Date of visit		Time of visit

The following information is to be obtained from applicant or anybody residing at the address:

Person contacted	Relation with applicant
Age of Applicant	No. of years at current residence

Residential status	Marital Status
---------------------------	-----------------------

Self Owned <input type="checkbox"/> Owned by relatives <input type="checkbox"/> Rented Paying <input type="checkbox"/> Guest Owned by <input type="checkbox"/> Parents Owned by <input type="checkbox"/> Friends <input type="checkbox"/> Company Accommodation <input type="checkbox"/> Lodging <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> No. of family members _____ Working <input type="checkbox"/> _____ Dependents Adults <input type="checkbox"/> _____ Children <input type="checkbox"/> _____ Is spouse working? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes Employment Details: _____
--	--

Present Vehicle

2 Wheeler <input type="checkbox"/> Owned Car <input type="checkbox"/> Financed Others <input type="checkbox"/> Co. <input type="checkbox"/> provided <input type="checkbox"/> _____ If availed Finance Please specify Financer name: _____ Loan No. : _____ O/s Loan: _____ EMI: _____	
--	--

THE FOLLOWING ARE BASED ON VERIFIERS OBSERVATION:

How co-operative was the customer	Neighbourhood Check
Rude <input type="checkbox"/> Polite <input type="checkbox"/>	+ve <input type="checkbox"/> -ve <input type="checkbox"/>
	Checked with _____

Construction of Residence	Comments on Exteriors	Carpet area in Sq. ft. (approx)
Interior Conditions	Assets Seen at Residence	Picture / Portrait of Political Leader Seen
Painted <input type="checkbox"/>	Television <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Clean <input type="checkbox"/>	Refrigerator <input type="checkbox"/>	
Carpeted <input type="checkbox"/>	Music System <input type="checkbox"/>	
Curtains <input type="checkbox"/>	Two Wheeler (Regis#) <input type="checkbox"/>	
Sofa <input type="checkbox"/>	Car (Regis#) <input type="checkbox"/>	
Venetian Blinds <input type="checkbox"/>	Air Conditioner <input type="checkbox"/>	
Remarks		

If the applicant's house is locked the following information is to be obtained from the neighbours

Does the applicant stay at this residence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approximate age of applicant
Approximate time, when applicant is available at home			Number of family members in the house

RECOMMENDED

NOT RECOMMENDED

Any other Remarks:

I am not associated with the applicant directly or indirectly in the past or in the present and this report has been prepared by me with highest professional integrity.

Verifier's Name & Signature

Agency Seal

Agency Manager's Signature

Comments & Route Map overleaf

If Verified by LIC HFL Officials

Official's Signature & Designation