

LANDLORD REFERENCE FORM

«reference_name»
 «reference_address_line1»
 Send To: «reference_address_line2»
 «reference_address_line3»
 «reference_city», «reference_state» «reference_zip»

Applicant/Tenant: «head_of_household» Unit # «apt_nbr»
 Property Name: «community»

| | |
|--|-----------------------------------|
| This section for landlord to fill out. | |
| How long has the applicant been at this address? | How much was the monthly rent? \$ |

| | | Yes | No |
|---|--|-----|----|
| Was rent paid on time? | | | |
| Was unit maintained in a safe and sanitary manner? | | | |
| Were there any problems with neighbors? | | | |
| Were there any tenant-caused damages? | | | |
| Were children properly supervised? | | | |
| Did applicant have people living in the apt. other than those listed as residents on the lease? | | | |
| Are you related to this family/person? | | | |
| Would you rent to this family/person again? | | | |
| If not, please state why: | | | |
| Have you ever begun eviction proceedings against this household? | | | |
| If yes, why? | | | |
| Any additional information you may care to provide would be helpful. | | | |
| | | | |
| | | | |

Landlord Name (print): _____ Telephone: _____
 Authorized Signature: _____ Date: _____

| | | |
|--|-------------------|---------------|
| RETURN TO: | RETURN TO: | «return_date» |
| «rental_agent» | | |
| «mgmt_company» | | |
| «mgmt_company_address1» | | |
| «mgmt_company_address2» | | |
| «mgmt_company_city», «mgmt_company_state» «mgmt_company_zip» | | |

--OFFICE USE ONLY--

Date Sent: «send_date»
 Date Received: _____
 Comments: _____