



LANDLORD REFERENCE QUESTIONNAIRE

Date: _____ From: _____

To: _____ Phone#: _____

RE: _____ Fax #: _____

Applicant's Name / Co-Applicant's Name

The person[s] named above has/have applied for residency. We would like some information from you to help us evaluate the residency application.

Please complete the information and return it to us via fax at _____. We will keep this information confidential. As indicated by the signed statement below, the applicant has consented to the release of this information and has agreed to hold you harmless for the contents of the information disclosed and for its disclosure and use.

APPLICANT'S RELEASE

I/We, _____, hereby authorize _____ to obtain all information it deems necessary from _____ relating to my/our residency at _____. I/We also authorize you to answer the following questions and provide all relevant information to _____. I/We agree to hold harmless _____ and from any and all claims I/We may have for the contents of the information disclosed and the disclosure and use of this information.

Applicant signature: _____ Date: _____

Co-Applicant signature: _____ Date: _____

REQUESTED INFORMATION

1. Dates of applicant's residency: Move in: _____ Move out: _____

2. How much did the applicant pay for rent and for utilities at the time he/she moved out? \$ _____

3. Did the applicant fail to pay rent or other financial obligation at any time during the residency? Yes No

4. Did the applicant violate non-monetary provisions of the lease or house rules? Yes No
If yes, please list the month and year and nature of each violation. _____

Did you evict the applicant for such a violation? Yes No

5. Given the opportunity, would you rent to the applicant[s] again? Yes No

The information provided is true and correct to the best of my knowledge after careful review of the applicant's file.

Signature: _____ Date: _____

Print Name: _____ Print Company Name: _____