Rental Reference Request Form

This section to be filled out by Applicant(s	and returned with Application:
Landlord Name:	Date:
Phone:	Fax:
Applicant:	SSN:
Co-Applicant:	SSN:
Previous Property Address:	
This section to be filled out by Landlord:	
Monthly Rent Amount:	Lease Term:
Number of Late Payments:	Proper Notice Given:
Would you rent to this tenant again?	
Remarks:	
I hereby authorized release of the above re	equested information.
(Applicant's Signature)	(Co-Applicant's Signature)
By signing below, I confirm that all informa	ation stated above is correct.
(Signature of Landlord/ Property Manager)
********Upon com	pletion, please return via Email.*******