

South Campus Quarter

RENTAL REFERENCE

Landlord Name: _____

Phone: _____ Fax: _____

Tenant Name: _____

(Print name)

Rental Address: _____

Street

City/State

Zip

I hereby authorize the release of the requested information.

Signature (Tenant)

Date

To be filled out by Landlord:

1) Move-In Date: _____ Move-Out Date: _____

Lease Term: _____

2) Number of Occupants in household: _____

3) Rent amount: _____

Has rent been paid on time? _____

Number of late payments: _____

4) Has resident ever been under eviction? _____

5) Are there any pets in the household? _____

6) Have you received any complaints regarding this resident? If so, please explain:

7) Would you rent to this resident in the future? _____

Name: _____

Date: _____

Title: _____