



## LANDLORD REFERENCE FORM

NAME OF RENTAL DEVELOPMENT: The Cottages at Crvstal Lake Luxury Apartment Homes

**TO CURRENT/PREVIOUS LANDLORD:** The renter named below has applied for an apartment at the rental development named above, which is a Luxury Apartment Home Community. As managing agents, we need your help in answering the following questions; your answers will be used to help determine the renter's eligibility. Thank you for your cooperation.

Signature of owner of managing agent \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

My/Our signature(s) as (an) applicant(s) authorize the release of the above information.

**Renter's Name:** \_\_\_\_\_ **Landlord's Name:** \_\_\_\_\_

**Renter's Address:** \_\_\_\_\_ **Landlord's Address:** \_\_\_\_\_

*Landlord Phone and Fax:*

**The following is to be completed by Landlord:**

1. When did they rent this property? From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

2. Do they still live here now? \_\_\_\_\_

3. Name of persons who signed lease (including owner or managing agent) \_\_\_\_\_

4. Who lived at this address? \_\_\_\_\_

5. Are you related to them or anyone in their household by blood or marriage or the operation of the law? \_\_\_\_\_

6. What type of structure is this property? House \_\_\_\_\_ Apartment \_\_\_\_\_ Room \_\_\_\_\_

7. What was their **monthly rent**? \$ \_\_\_\_\_ was it paid on time? Yes \_\_\_\_\_ No \_\_\_\_\_

8. What was their **security deposit**? \$ \_\_\_\_\_ Amount refunded to them? \$ \_\_\_\_\_

9. Why did they move? \_\_\_\_\_

10. Did they give proper notice before moving out? Yes \_\_\_\_\_ No \_\_\_\_\_

11. What were their overall housekeeping habits? \_\_\_\_\_

12. Was the property left in rentable condition after they moved? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Was the property damaged during their stay? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Did they have pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type? \_\_\_\_\_

15. Did they get along with their neighbors? \_\_\_\_\_

16. Were they responsible for paying their own heat and lights? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Do you own this rental property address listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

18. If no, who is the owner? \_\_\_\_\_

19. Would you rent to them again? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing Form Title Date

