



Landlord Reference Form

Having applied for an apartment, I give permission for the leasing and management office to verify all previous landlords provided herein.

Current or Previous Landlord:_____

Phone number:_____Your Address/Unit:_____

Dates of Occupancy:_____

Monthly Rent:_____

Applicant Name

Signature

Landlord Please Complete This Portion and Fax to 508-946-1140

What was the monthly rent:_____

When does/did the lease expire:_____

Is/was the account paid satisfactorily:_____

Have there been any payments more than 10 days late?_____

Has this tenant ever received a 14 day notice?_____

Is the rent in arrears?_____

Any other comments:_____

Completed By:_____

Title:_____

Signature