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LANDLORD REFERENCE CHECK VERIFICATION

NAME: _____

DATE: _____ TIME: _____

COMPANY/RELATIONSHIP: _____

APPLICANT: _____

TELEPHONE #: _____

DEVELOPMENT NAME: _____

ADDRESS (IF MAILING): _____

I authorize _____, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

Signature

Date

Signature

Date

TO BE COMPLETED BY LANDLORD:

Dates of residency: From _____ to _____. Total number of months _____

1. Did the resident pay their rent on time? _____
If the resident was late on the rent, how late? _____
How often? _____ Comments _____
2. How much rent was paid each month by this resident? _____
3. Did you receive a security deposit? _____
How much of it was returned to the resident? _____
4. Did the resident, their guests, or their family damage the apartment or the property? _____
Did they pay for the damages? _____ Amount of damages \$ _____
5. Were the police ever called as a result of a disturbance? _____ Date _____
Comments: _____
6. Were there problems with the neighbors? _____
7. Does the resident have pets or other potential problems that may be important for a landlord to know? _____

8. Did the resident violate the lease agreement in any way? _____
Comments: _____
9. Did the resident give you proper notice for vacating? _____
Reason for leaving? _____
10. Would you re-rent to this resident? _____
11. What previous address do your records indicate? _____

COMMENTS: _____

Signature: _____

Date: _____

Title: _____

Company: _____

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.