

(Office) 540.578.4974 x1 (fax) 540.908.3633 contact@ChoosePriority.com www.ChoosePriority.com

LANDLORD REFERENCE REQUEST FORM

Name of Applicant		Signature of Applicant	Date
Name (of Applicant	Signature of Applicant	Date
ello Ma	anagement/Landlord;		
		ive applied with PPM for a rental unit and hav ously rented or are currently) renting to them	
		formation as applicable and return by fax, ema	ail, mail or in person. We cannot cons
		he tenants themselves.	
		ent from you? From To	
	_	st month of tenancy?Were any uti	
	Rent was received more than 5 days latetimes (Please indicate 0 or number of times) Any property damages or lease violations at any time during tenancy? Yes No If yes, for what reason		
4.	Any property damages	or lease violations at any time during tenancy	r: Yes No IT yes, for what reason(s)
5.	Did/will the Tenant receive the full security deposit refund? Yes No N/A (Pending Move-Out)		
		d any complaints from neighbors of Tenant? Y	
7.	Has Tenant completed	the lease term? Yes No Given official notice	ce? Yes No
	•	acate by Landlord, Agent, or Court Order? Ye	
9.	Is Tenant current with	all lease payments and any outstanding fees?	Yes No
10.	Are you related to Ten	ant by family or marriage? Yes No	
	• • • • • • • • • • • • • • • • • • • •	ve any pets? Yes No How many & what kir	nd/size?
12.	Would you lease to Te	nant again? Yes No	
13.	Add any more comme	nts or concerns:	
		Signed by Authorized Manag	ger, Landlord, or Agent Responding
		G	,
		Print Name	Date
		riiii Naiile	Date