

Landlord Reference Authorization Form



Galvin Company

21 Totman Street
Quincy, MA 02169
t: 617-773-9131
p: 617-471-6140

Attention: _____

We have had a tenant of yours make a request to rent an apartment from us. They have given us authorization to request the information below. Please provide the information and Fax back to 617-471-6140. We greatly appreciate your cooperation.

Sincerely,

The Galvin Company

Date: _____

I herein give authorization to Galvin Company to verify any and/or all previous landlords and the information requested below.

Period of tenancy: _____

Unit Number and Address: _____

Applicants Name

Applicants Signature

.....
Landlord please complete below.

Monthly Rent: _____

Was the account paid satisfactorily? _____

Were there any payments later than 10 days? _____ If yes, how many? _____

Has the applicant been sent a 14 day notice? _____

Would you rent to this tenant again? _____

Any other comments, positive or negative? _____

Completed By: _____