 **Optimal Property Management Inc.**

*3-35 Stone Church Rd., Box 218, Ancaster, ON. L9K 1S5* *info@optimalpropertymanagement.ca* [*www.OptimalPropertyManagement.ca*](http://www.OptimalPropertyManagement.ca/)

***Office: 905-648-6440 Fax: 289-239-7174***

Landlord Reference Letter

# First Name Last Name Signature Applicant:

Current/Previous Rental Address:

The above named individual is applying for tenancy with us and has been asked to provide the Landlord with a previous Landlord Reference Letter.

By signing the above, the individual is providing you (as past/current Landlord) permission to answer the questions below, which pertain to their tenancy with you. Kindly fill in as much information as possible and return this form to the individual so they may return it to us.

Thank you, Mark Crooker

 President

1. Was the individual listed above a “Leaseholder” (as defined under the RTA 2006c.) at your building/property? (Please circle one) YES NO
2. Were there any rental arrears at the time the tenancy ended? (Please circle one) YES NO
3. Was the unit **damaged** at the time the tenancy ended? (Please circle one) YES NO
4. At any time during the tenancy did you apply to the Landlord Tenant Board to terminate the tenancy?

(Please circle one) YES NO

1. Would you re-rent to this tenant in the future? (Please circle one) YES NO

Name of Landlord, Property Manager completing form: Contact Phone Number (s): Date: