

RENTAL REFERENCE

APPLICANT: Please complete the top portion of this form so that your previous landlord may release the requested information.

Applicant: _____ Date: _____

Landlord: _____

Landlord's Address: _____

Phone number: _____ Fax number: _____

I hereby authorize the release of my rental history information to Colonial Place Apartments LLP

Applicant's Signature: _____

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LANDLORD: The person(s) named above has made application for an apartment with us. We would appreciate your cooperation with answering the following questions. Any information you release will be held in the strictest confidence.

Resident's name: _____ Number of tenants on lease: _____

Apartment Address: _____

Tenancy began: _____ Tenancy ended: _____

Monthly rental amount: _____ Including Utilities: _____

Number of late rent payments: _____ Number of NSF checks: _____

Number of noise problems: _____ Damage to property problems: _____

Other lease violations: _____

Was apartment left in a clean, undamaged condition: _____

Were there any pets: _____ How many: _____ Type: _____

Were any legal notices served to this resident: _____

Would you rent to this person again: _____

Comments: _____

Name and Title of Landlord representative: _____

Date _____ Signature: _____

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Thank you your prompt response in assisting us in our apartment application process.

PLEASE FAX THIS BACK TO: _____

If you have any questions, our phone number is: _____