

CENTURY 21.

Top Producers

RENTAL REFERENCE REQUEST

Attn: _____ Date: _____

Phone: _____ Fax: _____

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

Previous Property Address: _____

Monthly Rent Amount: _____ Lease Term: _____

Number of Late Payments _____ Proper Notice Given _____

Would you rent to this tenant again? _____

Remarks: _____

I hereby authorize release of above requested information.

(Applicant's Signature)

(Co- Applicant's Signature)

By signing below, I confirm that all information stated above is correct.

(Signature of Previous Landlord/Property Manager)

Please fill out and return to _____ at _____ or call _____.
(Agent's Name) (Fax Number) (Phone Number)