

Rushing Properties, LLC., P.O. Box 1358, DeFuniak Springs, FL 32435
Phone 850-892-3334 Fax 850-892-7100
LANDLORD REFERENCE CHECK FORM

Name: _____
Company/Relationship: _____
Phone #: _____
Address (if mailing): _____

Date: _____
Applicant: _____
Development Name: _____

I authorize _____, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

Signature _____ Date _____

Signature _____ Date _____

To be completed by landlord

Dates of residency: From _____ to _____. Total number of months _____

1. Did the resident pay their rent on time? _____
If the resident was late on the rent, how late? _____
How often? _____ Comments _____
2. How much rent was paid each month by this resident? _____
3. Did you receive a security deposit? _____
How much of it was returned to the resident? _____
4. Did the resident, their guests, or their family damage the apartment or the property? _____
Did they pay for the damages? _____ Amount of damages \$ _____
5. Were the police ever called as a result of the disturbance? _____ Date _____
Comments: _____
6. Were there problems with the neighbors? _____
7. Does the resident have pets or other potential problems that may be important for a landlord to know? _____

8. Did the resident violate the lease agreement in any way? _____
Comments: _____
9. Did the resident give you proper notice for vacating? _____
Reason for leaving? _____
10. Would you re-rent to this resident? _____
11. What previous address do your records indicate? _____
Comments: _____

Signature: _____ Date: _____

Title: _____ Company: _____