

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

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

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: _____