



Landlord Reference Check

FAX TRANSMITTAL

940 Monroe Ave. NW
Grand Rapids, MI 49503
Phone 616.988.6466
Fax 616.988.6467

To: _____ From: _____

Fax: _____ Date: _____

Phone: _____ Pages: _____

Re: Reference Check _____ Cc: _____

Tenant Name: _____

I authorize the investigation of my rental history, which may include, but is not limited to, the questions below.

Authorization Signature: _____

To be completed by Landlord:

How long has this person rented from you? _____

Do they pay their rent on time? _____

Have there been noise complaints? _____

What is the condition of the apartment? _____

Landlord Signature: _____

Date: _____