

# LANDLORD REFERENCE CHECK

## FAX TRANSMITTAL

TO: \_\_\_\_\_ FROM: The Boardwalk Leasing Office

Fax: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Pages: \_\_\_\_\_

Urgent \* For Review \* Please Comment \* Please Reply \* For Your Use

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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 rent on time? \_\_\_\_\_

Have there been noise complaints? \_\_\_\_\_

What is the condition of the apartment? \_\_\_\_\_

Landlord Name (Please Print) \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**\*AFTER COMPLETING, PLEASE FAX TO: 616-454-8496. THANK YOU.**

THE BOARDWALK-940 MONROE AVE NW-GRAND RAPIDS, MI 49503  
PHONE (616) 454-8480 – FAX (616) 454-8496