



ZEBULON, NC

LANDLORD REFERENCE

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address of Referenced Rental Property

\_\_\_\_\_  
City State Zip

This will authorize \_\_\_\_\_ (name of present or past landlord) to release the information below regarding my rental history.

\_\_\_\_\_  
Signature of Applicant Date

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LENGTH OF RESIDENCY: \_\_\_\_\_

AMOUNT OF MONTHLY RENT: \_\_\_\_\_ RENT OWED: \_\_\_\_\_

HOUSEKEEPING HABITS: \_\_\_\_\_

\_\_\_\_\_

CONTROL OF CHILDREN: \_\_\_\_\_

RELATIONSHIP WITH NEIGHBORS: \_\_\_\_\_

\_\_\_\_\_

COMPLIANCE WITH RULES AND REGULATIONS: \_\_\_\_\_

\_\_\_\_\_

TENANT DAMAGES: \_\_\_\_\_

WOULD YOU REHOUSE? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PRESENT OR PREVIOUS LANDLORD DATE

**YOUR PROMPT RETURN OF THIS FORM IS APPRECIATED  
Please fax to 919-404-8082**