



Applewood Acres

Apartment Homes

Landlord _____ Date: _____

Landlord's phone # _____

Landlord's fax # _____

To Whom It May Concern:

_____, has/have applied for an apartment in our community and lists you as his/her landlord. In accordance with our rental criteria, we must obtain information about his/her rental history.

Address: _____

Length of Tenancy: From: _____ To: _____

Did the resident honor the lease terms: _____

How Many late payment notices were issued? _____

Was eviction procedures ever started: _____

Any problems? _____

Would you rent to them again? _____

Comments _____

Landlord's Signature _____ Date _____

Your prompt attention to this request will be appreciated, as the application cannot be processed without this information. Please fax the request back to me 570-586-2401.

Sincerely,

Susann Davis
Property Manager

I hereby authorize the release of the above requested information.

Applicants' Signature/s _____ Date _____