**Authorization for Landlord Reference Letter**

I, ,authorize (current landlord) to give housing information regarding my tenancy at (current address), to RUACH Management Company LLC.

I also agree to release from liability all persons and companies providing this information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant signature Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant signature Print Name

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LANDLORD & RENTAL REFERENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tenant/applicant name:** | | | |
| **Address of rental property:** | | | |
| Period of time rented through the department: From: To: | | | |
| Monthly Rent: $ | | | |
|  | | **Yes** | **No** |
| Did you terminate the tenancy? | | ☐ | ☐ |
| Was the tenant ever in arrears during the tenancy? | | ☐ | ☐ |
| Did the tenant receive a Notice to Remedy during the tenancy? | | ☐ | ☐ |
| If yes: | Number of NTRs: | | |
| Reasons: | | |
|  | | **Yes** | **No** |
| Were periodic inspections conducted during the tenancy? | | ☐ | ☐ |
| Was damage noted during the inspections? | | ☐ | ☐ |
| If yes, what type of damage? | | | |
|  | | **Yes** | **No** |
| Were pets kept on the property without permission? | | ☐ | ☐ |
| Did the tenant leave the property clean and tidy? | | ☐ | ☐ |
| Would you rent to this person again? | | ☐ | ☐ |
| Were there complaints from neighbors during the tenancy? | | ☐ | ☐ |
| If yes, please provide details: | | | |
|  | | **Yes** | **No** |
| Was/Is the security deposit refunded/be refunded in full? | | ☐ | ☐ |
| If no, please provide details: | | | |

\*\*Attached is a copy of rental ledger for this tenant.

Other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |
| --- | --- | --- | --- |
| Completed by: |  | Position: |  |
| Signature |  |  |  |
| Contact #.: |  | Date: |  |