

Landlord Rental Reference Form

Tenant Information

- Full Name of Tenant: _____
- Rental Property Address: _____
- Duration of Stay: _____

Landlord Details

- Landlord's Name: _____
- Contact Number: _____
- Email Address: _____

Rental History

Month	Rent Amount	Paid on Time (Yes/No)	Remarks
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Tenant Behavior

- Were there property damages? Yes No
- Were there legal disputes? Yes No

Landlord's Signature: _____

Date: _____