



# Loch Lomond Villa Apartments

Include with application or send via fax to (506) 643-7198 or [accommodations@lochlomondvilla.com](mailto:accommodations@lochlomondvilla.com)

## Reference Letter

Dear Sir/Madam,

This form is used as a reference for the Applicant named below. As a **present/past landlord, leader of worship group, family physician, nurse practitioner or banker** of the Applicant, would you please be so kind as to complete the information below.

**If completed by Landlord: (If completed by other party noted above, see 2<sup>nd</sup> page)**

Name of Applicant: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Address of premises: \_\_\_\_\_

Length of Rental: From \_\_\_\_\_ To \_\_\_\_\_

Rent payment history: Was always on time with the rent \_\_\_\_ Was always late with the rent \_\_\_\_

Was sometimes late with rent \_\_\_\_ If yes, how many times? \_\_\_\_

Was proper notice given upon vacating? Yes \_\_\_\_ No \_\_\_\_

Were there problems with housekeeping or complaints from neighbors? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

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Was there any damage done to the apartment? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Would you recommend this person as a tenant? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Any additional information about this tenant would be appreciated:

\_\_\_\_\_

Signature of Landlord

Please print name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## Loch Lomond Villa Apartments

Name: \_\_\_\_\_ Relationship to the Applicant: \_\_\_\_\_

Length of Relationship with the Applicant: \_\_\_\_\_

Has the Applicant demonstrated reliability during length of relationship: Yes \_\_\_\_ No \_\_\_\_

If No, please explain:

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

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In your opinion, is the Applicant currently able to live independently? Yes \_\_\_\_ No \_\_\_\_

If No, please explain:

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

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In your opinion, does the Applicant maintain their home and person in a healthy manner? Yes \_\_\_\_ No \_\_\_\_

If No, please explain:

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

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In your opinion, does the Applicant have the support they need to continue living independently? Yes \_\_\_\_ No \_\_\_\_

If No, please explain:

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

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Signature of person releasing information

Please print name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_