Loch Lomond Villa Apartments

Include with application or send via fax to (506) 643-7198 or rfrench@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 2nd 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:

_____

_____

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: _____

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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:

_____

_____

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

If No, please explain:

_____

_____

_____

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

If No, please explain:

_____

_____

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

If No, please explain:

_____

_____

Signature of person releasing information

Please print name: _____ Title: _____

Phone number: _____ Date: _____

Signature: _____