

South Campus Quarter

RENTAL REFERENCE

If applicant is currently renting off-campus and is not a South Campus Quarter tenant, please fill in the top section only and turn in with Rental Application.

Landlord's Name: _____ Phone: _____

Fax: _____ Email: _____

Tenant's Name: _____

(Print name)

Rental Address: _____

Street

City/State

Zip

I hereby authorize the release of the requested information.

Signature (Tenant)

Date

LANDLORD: Please fill out form below and fax to 513-280-6114.

1) Move-In Date: _____ Move-Out Date: _____

Lease Term: _____

2) Number of Occupants in household: _____

3) Rent amount: _____

Paid on time? _____ Number of late payments: _____

4) Has resident ever been under eviction? _____

5) Are there any pets in the household? _____

6) Have you received any complaints regarding this resident? If so, please explain:

7) Would you rent to this resident in the future? _____

Name: _____ Date: _____

Title: _____