

Prior Landlord Reference Authorization Form

Please complete this form to authorize the release of your rental history information from your previous landlord(s) to the prospective landlord.

Applicant Information

Applicant Full Name:

Phone Number:

Email Address:

Current Address:

Prior Landlord Information

Prior Landlord/Company Name:

Address of Property Rented:

Dates of Tenancy (From - To):

Prior Landlord Phone Number:

Prior Landlord Email Address:

Authorization Grant

I hereby authorize the prior landlord listed above to release information regarding my tenancy, including but not limited to my payment history, compliance with lease terms, lease violations, late payments, damage to the property, outstanding balances, and whether they would re-rent to me. This information is to be used solely for the purpose of evaluating my rental application.

I agree that a photocopy, fax, or digital scan of this authorization shall be considered as valid as the original.

Signature & Date

By signing below, I verify that the information provided on this form is true and accurate, and I authorize the release of my rental history reference.

Applicant Signature (Sign upon printing):

Date: