



MIRACLE VILLAGE, INC.

1208 BIRMINGHAM STREET
TALLAHASSEE, FLORIDA 32304
OFFICE (850) 222-0561 FAX (850) 222-1708

LANDLORD REFERENCE

APPLICANT: _____

ADDRESS: _____

Dear Landlord:

The person listed above has applied for an apartment at Miracle Village Apartments and has reported current or previous tenancy at your residence. The applicant's signature indicates their permission for you to supply the following information. Please complete this brief reference form and return it to the above address or fax as soon as possible.

Thank you.

X _____ Date: _____
(Applicant's Signature)

Dates of tenancy residency: From _____ To _____.

1. Has the tenant paid rent on time? _____ Yes _____ No.
2. Is there any outstanding balance owed? _____ Yes _____ No.
3. Has housekeeping been acceptable? _____ Yes _____ No.
4. Have there been any complaints against the tenant, or members of their family, or guest?
_____ Yes _____ No.

What was the reason for vacating the unit? _____

Are there any other comments? _____

Landlord Signature: _____

Telephone Number: _____

Name of Business and/or Landlord: _____

Address: _____ City _____ State _____ Zip _____