

# RENTAL APPLICANT REFERENCE FORM

- This form is used to obtain information regarding the rental history of Applicants for rental housing. The information provided by the current or former Owner/Agent may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 2. Copies of this form and of the Applicant's signature are acceptable.
- The Applicant may be contacted to verify the authenticity of this request.

## 1. Person requesting the rental reference

Name of Owner/Agent Sylvan Square Apartments  
Address 750 Sylvan Avenue Unit # \_\_\_\_\_  
City Mountain View State CA Zip 94041  
Phone number ( 650 ) 961-4630 Fax number ( 650 ) 961-4697

## 2. Authorization by rental Applicant for the release of information

*I hereby authorize the release of the information requested on this Rental Applicant Reference Request to the Owner/Agent listed above. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.*

Name \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## 3. Applicant's rental information

Name of rental community (if any) \_\_\_\_\_  
Address of rental unit \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Owner/Agent \_\_\_\_\_  
Phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Fax number ( \_\_\_\_\_ ) \_\_\_\_\_  
Move-in date: Month \_\_\_\_\_ Year \_\_\_\_\_ Move-out date: Month \_\_\_\_\_ Year \_\_\_\_\_ or  current resident

## 4. Rental reference information provided by former or current Owner/Agent

Did Applicant live at your property during the period indicated above? .....  Yes  No  
If no, what were the dates of occupancy? From (month/year): \_\_\_\_\_ / \_\_\_\_\_ To (month/year): \_\_\_\_\_ / \_\_\_\_\_  
How many times during the past 12 months did Applicant pay the rent late? .....  0  1-2  3-5  6 or more  
Was any check from Applicant returned due to non-sufficient funds (NSF)? .....  Yes  No  
Did you ever file for an unlawful detainer against Applicant for unpaid rent? .....  Yes  No  
If yes, what was the result? \_\_\_\_\_

Does Applicant owe any amount for delinquent rent, utilities or damage to unit? .....  Yes  No  
Did Applicant provide notice for ending tenancy according to the terms of the rental agreement? .....  Yes  No  
Did you ever serve a Three Day Notice to Applicant .....  Yes  No  
If yes, please explain: \_\_\_\_\_

Information provided by: Name \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

Information obtained by:  Phone  Mail  Fax

**Please mail or fax this form to the person listed in section 1 as soon as possible (within 24-48 hours)**



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