

329 Spadina Avenue
2nd Floor
Toronto, Ontario M5T 2E9
Tel: (416)977-7781
Fax: (416)977-3451

736923 Ontario Limited

LANDLORD REFERENCE

APPLICANT NAME(S): _____

CURRENT ADDRESS: _____

SUITE NUMBER: _____

CURRENT LANDLORD: _____

TELEPHONE #: _____ CONTACT NAME: _____

This Section for Office Use

THE FOLLOWING INFORMATION IS TO BE OBTAINED BY THE RENTAL AGENT/SUPERINTENDENT.

NAME/POSITION OF LANDLORD REPRESENTATIVE CONTACTED: _____

Length of Tenancy? _____ Monthly Rental Amount: _____

Was the rent paid on time each month? YES _____ NO _____

Did this Tenant receive any Form N4's? YES _____ NO _____

Were there any returned cheques? YES _____ NO _____

Were they good tenants? YES _____ NO _____

Did they practice good housekeeping? YES _____ NO _____

Did they give proper Notice to Vacate? YES _____ NO _____

ANY COMMENTS?

LANDLORD REPRESENTATIVE SIGNATURE: _____

DATE COMPLETED: _____

PLEASE FAX THIS FORM BACK TO 736923 ONTARIO LIMITED AT (416) 977-3451

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