

Rental References

| To: Name of landlord: | Name of landlord: | | |
|--|---|---|--|
| Phone and/or Fax of I | Phone and/or Fax of Landlord: | | |
| Re: Tenant Name(s): | Tenant Name(s): | | |
| · | ive (or recently had) t | y with Arellano Realty & Investments, LLC and has his client and/or family as a tenant in one of your | |
| , , | | e tenant consents to the release of information ppreciate your assistance in completing the | |
| Tenant's signature: | | Date: | |
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| Please answer t | To be completed by he following questions | the rental company regarding the tenant's rental history. | |
| Move in date: | | Move out date: | |
| Rental Amount: | | Lease Completed: Yes / No / Not Yet | |
| Lease Expires On: | | Was proper noticed given: Yes / No / Not Yet | |
| Any NSF Checks: Yes / No | | Number of late payments: | |
| Deposit Returned: Yes / No / Not Yet | | Would you lease to this tenant again? Yes / No | |
| Is any money currently owned: Yes / No | | If so how much? | |
| Was eviction filing required: Yes / No / Not Yet | | If so, date of eviction? | |
| | | | |
| Other lease violations: | | | |
| Additional Comments: | | | |
| rint Name: | | Signature: | |
| Phone number: | | Date: | |

Please fax back to 866-908-6989. If you have any questions, please call 352-241-0004.