



1022 eWall Street
Mount Pleasant SC 29464
Fax: (843) 352-9463
Office: (843) 352-9476
Tenant Reference Form

TO: _____

Applicant Name: _____

Signature of Applicant Authorizing Release of Information _____ Date Signed _____

Applicants Do Not Write Below This Line - Former Landlords are to fill out all information below.

We are requesting information about the above-named applicant. Please complete the questions below and return this form via email to llake@palmettost.com

Thank you for your cooperation.

Applicant has rented since: _____ Amount of rent \$ _____

Is rent in arrears? ___ No ___ Yes Amount \$ _____ If yes, how often _____

Have they ever bounced a check? ___ No ___ Yes If yes, how often _____

Have you ever sued this applicant for non-payment of rent? If yes, please explain _____

Does applicant maintain the premises in good condition? ___ No ___ Yes

Please explain _____

Did the applicant give proper notice for intent to vacate? ___ No ___ Yes

Where there any complaints from other tenants or neighbors? _____

List here any pets: _____

Where there any problems with pets? _____

Reason applicant gave you for leaving your community: _____

Any additional information: _____

Signature

Date

Title

Telephone Number