

## Landlord Reference Authorization Form



Galvin Company

21 Totman Street  
Quincy, MA 02169  
t: 617-773-9131  
p: 617-471-6140

Attention: \_\_\_\_\_

We have had a tenant of yours make a request to rent an apartment from us. They have given us authorization to request the information below. Please provide the information and Fax back to 617-471-6140. We greatly appreciate your cooperation.

Sincerely,

*The Galvin Company*

Date: \_\_\_\_\_

I herein give authorization to Galvin Company to verify any and/or all previous landlords and the information requested below.

Period of tenancy: \_\_\_\_\_

Unit Number and Address: \_\_\_\_\_

\_\_\_\_\_  
Applicants Name

\_\_\_\_\_  
Applicants Signature

.....  
**Landlord please complete below.**

Monthly Rent: \_\_\_\_\_

Was the account paid satisfactorily? \_\_\_\_\_

Were there any payments later than 10 days? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Has the applicant been sent a 14 day notice? \_\_\_\_\_

Would you rent to this tenant again? \_\_\_\_\_

Any other comments, positive or negative? \_\_\_\_\_

Completed By: \_\_\_\_\_