



**LANDLORD RECOMMENDATION FORM**

Name of Tenant: \_\_\_\_\_

Address of Tenant: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Phone/Fax of Landlord: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

Length of Time at Residence: \_\_\_\_\_

Rent Paid on Time?                      YES                      NO

Explanation (if needed): \_\_\_\_\_

Which of the following describe the tenant? (Circle YES or NO for each option)

Reliable	YES	NO
Trustworthy	YES	NO
Pays on-time	YES	NO
Communicates effectively	YES	NO
Responsible	YES	NO

Other Relevant information: \_\_\_\_\_

\_\_\_\_\_

Thank you very much for taking the time to complete this form. Please return it to our offices by fax or mail (see contact info below) and call if you have any questions.

Signature of Person Completing form:

\_\_\_\_\_ DATE: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

\* \* \* \* \*

Name of More Than Wheels Client Consultant: \_\_\_\_\_ Fax: \_\_\_\_\_