



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: _____

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Name of More Than Wheels Client Consultant: _____ Fax: _____