

H O F INVESTIGATIONS

1111 Pearl St.
Eugene, OR 97401
Tel.(541)343-2521
FAX(541)242-8090 OR 1-877-547-2920

Confidential Information

LANDLORD RENTAL REFERENCE

DATE: _____

TO: _____

Tel: _____

FAX: _____

Attn: _____

FROM: Hof Investigations

Tel: 541-343-2521

FAX: 541-242-8090

TENANT NAME:(S) _____ ADDRESS: _____

→→→*******LANDLORD: PLEASE COMPLETE EACH LINE BELOW*******

Monthly Rental Amount: _____

↓ ↓ ↓
(Circle One): M-T-M or Lease: Move-in Date: _____ Move-Out Date: _____

Was Proper Notice Given: _____

Pay On Time: _____ If not, how many times late: _____

Did the tenant have any NSF's _____ If yes, how many? _____

Lease Violations: **no yes** → **(please circle correct answer)** ←
(If **yes**, please explain): _____

Was tenant asked to leave: _____: If **yes**, why? _____

Would you re-rent to this tenant again: _____
(If this answer is no, please explain): _____

Name and title of Person providing this information: _____

Signature

Title

Verbal Confirmation: ___yes ___no

*I hereby authorize the release of the information above to **HOF INVESTIGATIONS** for use in the application process for residency at: _____*

X _____
Signature of Applicant

X _____
Date