

UNIVERSITY TOWERS OWNERS COOPERATIVE

100 York Street, Suite 1-E

New Haven, CT 06511

Tel. 203.777.3071

Fax. 203.789.8120

Landlord Reference Letter

Instructions to Applicant:

Please complete the top portion of the letter and sign. Forward the Landlord reference letter to your most recent landlord to complete.

Applicant name _____ Unit Applying for: _____

Applicant Signature _____ Date _____

Property Address: _____

Did the above-referenced tenant pay monthly rent payments in a timely manner?

Yes If no, (please check one) 30 days 60 days over 60 days

Was the tenant's apartment well maintained? Yes No

Did the tenant give you a sufficient amount of notice of his/her intention to vacate? Yes No

Did the tenant have any unauthorized persons (not listed on the lease) occupying his/her apartment?

Yes No

Does the tenant have any noise complaints on file? Yes No

Would you rent to this tenant again? Yes No

Other Comments:

Landlord Name (Please print)

Telephone Number

Landlord Signature

Date