



CREDIT REFERENCE FORM

APPLICANT INFORMATION	
FULL NAME	ADDRESS
PHONE	EMAIL

CREDIT REFERENCE INFORMATION		
NAME	REFERENCE TYPE	RELATIONSHIP & DURATION
CONTACT	EMAIL	PHONE

FINANCIAL INFORMATION	
HAS THE TENANT MADE ANY LATE PAYMENTS?	IF YES, HOW MANY TIMES?
<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS ANY PAYMENT MORE THAN 30 DAYS LATE?	IF YES, HOW MANY TIMES?
<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE THERE ANY OUTSTANDING BALANCES?	IF YES, HOW MUCH?
<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE THERE ANY ACCOUNTS IN COLLECTIONS?	IF YES, HOW MUCH?
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THE TENANT CURRENTLY EMPLOYED?	IF YES, FOR HOW LONG?
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THE TENANT PAID REGULARLY?	IF YES, HOW OFTEN & HOW MUCH?
<input type="checkbox"/> YES <input type="checkbox"/> NO	

RECOMMENDATION	
WOULD YOU RECOMMEND THIS TENANT?	PLEASE EXPLAIN
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Signature: _____ Date: _____