TO:	FROM: Fayette Properties, LLC
	6749 S. Westnedge Ave, Suite K, PMB 143
	Portage, Michigan 49002
FAX #:	TELEPHONE #: 269-501-0070
	FAX #: 1-866-790-3990
LANDLORD REFERENCE REQUEST	
APPLICANT(S):	MOVE-IN DATE://
ADDITESS.	WOVE-OUT DATE/
 What is/was the individual's rental rate? What is/was included in the rent?	
6. Does/did the individual have a pet? 7. Is the person on lease alone or is there a roommate or cosigner? 8. Was a move-out notice given? 9. If individual is no longer a resident: Were the terms of the lease fulfilled? Were there any damages to the apartment after move-out? Have any outstanding amounts been paid? 10. Would you rent to this person again?	
Please sign and return to the address or fax number above.	
Date:	Signature: Position:
By my signature below, I authorize the release of information to be used for a landlord reference. Date: Signature:	

ERM-259 (2/06)