



601 Hill Point Boulevard, #161
Suffolk, Virginia 23434
(757) 923-2700/ (757) 923-5200 (fax)
Office@Hillpointwoods.com
www.Hillpointwoods.com



Permission is granted for the following information to be provided to Hillpoint Woods Apartments. All information is confidential.

Signature of Applicant _____ Date _____ Signature of co-applicant _____

LANDLORD REFERENCE

TO: _____
LANDLORD

DATE: _____

APPLICANT TO COMPLETE:

Name _____ Social Security Number _____

Address (of rental) _____

The person(s) identified above has applied for an apartment within our community. Please complete the following information regarding their rental history in order for us to determine their eligibility. Our acceptance of this(these) person(s) as a resident at **HillPoint Woods Apartments** is pending the following. Please feel free to fax this form to the number noted above, and thank you in advance for your prompt completion and return of this form.

Sincerely,
Property Manager
Hillpoint Woods Apartments

Move in Date _____ Move out Date _____

Monthly rent paid _____

Notice given? Yes No

Any NSF checks? Yes No

Pay on time? Yes No If late, how many times? _____

Has a UD ever been filed? Yes No Number of Judgments _____

Any money owed? Yes No

Are they being evicted? Yes No

Any Lease violations: _____

Names on Lease: _____

Total Occupants _____

Pets: _____

Any Problems? _____

The applicant's overall conduct while residing at your property could be related as:

Excellent Good Fair Poor

Condition of property upon vacating:

Excellent Good Fair Poor

Verified By: _____ Title: _____ Daytime Phone: _____