

GRH MANAGEMENT
1009 FIRST STREET, SW
ROANOKE, VIRGINIA 24016
Phone: 540-266-3913 Fax: 540-266-3114

Rental Reference Request

Name: _____

SSN: _____

Address: _____

Release: I authorize the complete release of all information about my tenancy at ANY rental unit.

Signature: _____

When did the Tenant rent from you? _____

How long lived in rental unit? _____

Monthly rent amount? _____ Were utilities included? _____

Rent was paid on time? _____ How many time late? _____

Did/will Tenant fulfill obligations of lease? _____

Are you owed any money by Tenant? _____

Did Tenant damage the rental unit or common areas of the property? _____

Tenant was sent how many notices of rental or lease violations? _____

Were there any court action involving Tenant? _____

Are you related to Tenant by blood or marriage? _____

Signature person completing this form _____

Date: _____