



A.S.H. MANAGEMENT GROUP INC.

233 PORTAGE AVENUE, SUITE 100, WINNIPEG, MANITOBA R3B 2A7 / TELEPHONE (204) 982-7973 FAX NO. (204) 956-5262
WEBSITE: www.ashmanagementgroup.com

TO: _____

FAX: _____

Residential Leasing Coordinator

Email: leasing@ashmanagementgroup.com

Phone : (204) 982-7988 / Fax: (204) 956-5262

LANDLORD REFERENCE CHECK

Please provide us with the following information for:

Tenant name(s): _____

Address: _____

Tenant consent to disclose information:

I authorize A.S.H. Management Group Inc. to verify personal information regarding past tenancies on behalf of myself and/or my guarantor in compliance with *The Freedom of Information and Protection Privacy Act*. I understand this information may be utilized to determine my credit worthiness, collection purposes and may release personal information to prospective rental agency and authorities regarding assistance.

Tenant signature: _____

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- What is the current net monthly rent amount? \$ _____
- What utilities are included? _____
- Length of tenancy? _____
- When does the current lease expire? _____
- Is rent regularly paid on time each month? Yes ___ No ___
- Have there been more than two NSF fees within the past year? Yes ___ No ___
- Does the tenant have an outstanding balance of \$500 or more? Yes ___ No ___
- Has a proper notice to vacate been provided? Yes ___ No ___
- Did this tenant require a guarantor? Yes ___ No ___
- Has there been any noise complaints, disturbances or illegal activity? Yes ___ No ___
- Did they respect the unit, building, property rules & regulations? Yes ___ No ___
- Has the suite been kept reasonably clean? Yes ___ No ___
- Has the unit been treated for bed bugs in the past 6 months? Yes ___ No ___
- Would you rent to this tenant again?** Yes ___ No ___

Additional comments: _____

Reference completed by: _____

Date: _____

Signature: _____

Title: _____

I certify the above documentation is true and complete to the best of my knowledge.