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LANDLORD QUESTIONNAIRE

YOUR TENANTS NAME

YOUR NAME AND TITLE:

PROPERTY OR COMPANY NAME:

YOUR PHONE:

YOUR FAX:

PLEASE ANSWER THE FOLLOWING QUESTIONS IN REFERENCE TO YOUR TENANT

How long was the tenancy?

How many times was this tenant late?

Would you rent to this tenant again?

Were there any problems? If so, what were they?

Were there any complaints from tenants or neighbors?

Why did your tenant move out?

Did they smoke?

Did they have pets?

Did they work on cars there?

Date:

Your Signature
