

Cynergy Realty, LLC.

9, 21& 23 Knapp Street Unit 4

Boston, MA. 02111

Tel: (617) 482-6388

Fax: (617) 482-3335

TENANT REFERENCE

Tenant Name: _____

Previous residential location: _____

Duration of residence: _____

Type of Lease: One year TAW Other _____

Frequency of rental payment: _____

Amount of monthly rent: _____

Have there been any complaints in tenant's residency? _____

If yes, please explain.

Would you consider releasing to tenant?

If no, please explain.

Landlord Information

Management Co./Owner _____

Address _____

Phone/Fax _____

Signed by _____ Print

Name _____

Please fax this information to 617-482-3335. Thank you for your time.