



9 Knapp Street Suite 4
Boston, MA. 02111
Tel: 617.482.6388
Fax: 617.482.3335

TENANT REFERENCE

Tenant Name: _____

Current or previous residential location: _____

Duration of residence: _____

Type of Lease: One year ~ Tenant-At-Will ~ Other _____

Amount of monthly RENT: _____

Have there been any complaints in tenant's residency? YES ~ NO

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 or email to info@cynergyrealty.com.
Thank you for your time.