| LANLORD REFERENCE REPORT   |
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| Name of Laniord/Management:  |
| (applicant(s) signature on this line)  |
| We are requesting information about regarding the above named applicant(s). Please complete the questions below and return this form to our office at your earliest convenience. Thank you for your proaffention and consideration in this matter.  Glasgow Court Enterprises, LLC  302-834-1687 (fax)  302-834-1633 ext. 101  |
| Dates of residency in your community/property: From To   |
| Monthly Rental Amount: NSF Payments: How often? Ho |
|  |
| Condition of premises/unit/property:  Is(was) there any pets?Type:Problems?  Is(was) unit/property maintained in a clean and sanitary manner?  Is(was) there damage to the unit/property?If YES, please list below:  |
| Does (did) you receive complaints or problems from the resident, the residents family, friends or visito would included damage to common areas, common property, other residents, or interfere with the and peaceful enjoyment of residents? If YES, please list below:  |
| Would you re-admit this person(s) as a resident in the community?  |
| Additional Comments you feel would be helpful in processing this request:  |
| Are you related to applicant?  |
| If yes, how?   |
| Property Manager/Landlord Signature Date   |