Housing Authority

VERIFICATION OF ABILITY AND WILLINGNESS
TO COMPLY WITH PHA LEASE TERMS

Name of Applicant ___________________________ File Number ___________________________

1. Please briefly describe your relationship and/or involvement with the above-named applicant:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. If you represent an agency please indicate the name and address of the agency:

________________________________________________________________________

3. How long have you known/been involved with the applicant?

   Years ________ Months ________ Weeks

4. Can you give a personal or professional opinion about the applicant's ability to comply with a
   public housing lease? ❑ YES ❑ NO If No, whom may we contact to determine potential lease compliance?

   Name: ___________________________ phone ___________________________

5. Dates of applicant's affiliation/tenancy with you/your agency: From ______ To _______

6. Does the applicant have a lease/occupancy agreement? ❑ YES ❑ NO

7. Does the applicant share your home? ❑ YES ❑ NO

8. Rent Payment
   A. Amount of monthly rent (if any): $ _____________
   B. Does (did) applicant pay rent on time? ❑ YES ❑ NO
   C. Has(had) he/she ever paid late? ❑ YES ❑ NO
      How late _______________ How often?
   D. Have (had) you ever begun/completed eviction for nonpayment? ❑ YES ❑ NO
   E. Do you provide any of the utilities for the unit? ❑ YES ❑ NO
   F. Have tenant-paid utilities ever been disconnected? ❑ YES ❑ NO
   G. If the applicant paid no rent, has the applicant made other regular payments while living
      with you (e.g. utility or telephone bill)? ❑ YES ❑ NO
      Please describe your reasons for believing the applicant will pay rent: ______________

9. Caring for the Unit
A. Does (did) the applicant keep the unit clean, safe and sanitary? ❑ YES ❑ NO

B. Has (had) the applicant damaged the unit? ❑ YES ❑ NO
   Describe: __________________________ Cost to repair?$ _______ How often ________

C. Has (had) the applicant paid for the damage? ❑ YES ❑ NO

D. Will (did) you keep any security deposit (if applicable)? ❑ YES ❑ NO

E. Did the applicant have problems with insect/rodent infestation? ❑ YES ❑ NO

F. Did the applicant's housekeeping contribute to infestation? ❑ YES ❑ NO

10. General Lease Compliance

A. Is (was) the applicant listed on the lease or occupancy agreement for the unit? ❑ YES ❑ NO

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? ❑ YES ❑ NO

C. Has (had) the applicant, family members or guests damaged or vandalized the common areas? ❑ YES ❑ NO

D. Does (did) the applicant, family members or guests create any physical hazards to the property or other persons? ❑ YES ❑ NO
   Describe: ____________________________________________

E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other persons? ❑ YES ❑ NO
   Describe: ____________________________________________

F. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity, on the property? ❑ YES ❑ NO

G. Is the applicant, family members or guests currently involved in the use or sale of illegal drugs, or has there been involvement in the recent past? ❑ YES ❑ NO

H. Has (had) the applicant given you any false information? ❑ YES ❑ NO
   Describe: ____________________________________________

I. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward other persons including staff? ❑ YES ❑ NO
   Describe: ____________________________________________

K. Can the applicant be expected to comply with contractual duties, such as making timely rent and utility payments, maintaining an apartment in a safe and sanitary condition, and respecting the rights of his/her neighbors? ❑ YES ❑ NO

11. Ability to Comply with Lease Terms: Need for Assistance

In your best professional and personal opinion can the applicant perform the following activities that relate to lease compliance alone, or is assistance needed?
<table>
<thead>
<tr>
<th>Activity</th>
<th>Can Perform Alone</th>
<th>Needs Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep unit clean, sanitary and hazard-free</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Avoid destruction of property</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Manage finances/pay rent</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Make timely utility payments</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Respond to mail</td>
<td>❑</td>
<td>❑</td>
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<td>Report income/status changes</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Follow appropriate rules</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Avoid disturbing neighbors</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Avoid criminal activity</td>
<td>❑</td>
<td>❑</td>
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</tbody>
</table>

12. To your knowledge, will the applicant **have** reliable assistance with the activities noted above as needing assistance if admitted to the PHA?  ❑ YES  ❑ NO

13. Does the applicant live alone and comply with a lease now?  ❑ YES  ❑ NO

14. In your opinion, can the applicant comply with a lease in a public housing apartment?  ❑ YES  ❑ NO  Describe: ____________________________

Name of person completing this form __________ Signature _______________________
Title of person completing this form __________ Agency/business name __________
Date __________ Agency/business address/phone ________________

**APPLICANT RELEASE**

I _________________ hereby authorize the release of the information requested on this form.

Signature ___________________________ Date __________________________