

Housing Authority
LANDLORD VERIFICATION FORM

Name of Applicant: _____

Current Address: _____

Name of Landlord _____

Are you a relative or friend of the applicant? If so, please describe relationship: _____

Current Landlord _____ Previous Landlord _____ Other _____

Dates of Applicant's Tenancy: From _____ To _____

Does (Did) the Applicant have a lease? YES NO

1. Rent Payment

A. Amount of monthly rent: _____ \$ _____

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 non-payment? YES NO

E. Was a Court judgment rendered in your favor for eviction for non-payment? YES NO

F. Do you provide any of the utilities for the unit? YES NO

G. Have tenant-paid utilities ever been disconnected? YES NO

2. 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? YES NO

E. Does (did) the applicant have problems with insect/rodent infestation? YES NO

F. Does (did) the applicant's housekeeping contribute to infestation? YES NO

G. Did the applicant make any alterations to the unit without your permission? YES NO

3. General

A. Is (was) the applicant listed on the lease 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

Describe: _____

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

If Yes, Describe: _____

- D. Does (did) the applicant, family members or guests create any physical hazards to the project or other residents? YES NO

If yes, Describe: _____

- E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? YES NO

If yes, Describe: _____

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

If yes, Describe: _____

- G. Has (had) the applicant given you any false information? YES NO

If yes, Describe: _____

- G. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? YES NO

If yes, Describe: _____

- I. Would you rent to this applicant again? YES NO

If not, why? _____

Signature of Landlord _____ Date _____

(Name of authorized project staff: telephone verification) _____ Date _____

Applicant Release

I, _____ hereby authorize the release of the requested information.

Signature _____ Date _____