

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?

<u>Activity</u>	<u>Can Perform Alone</u>	<u>Needs Assistance</u>
Keep unit clean, sanitary and hazard-free	<input type="checkbox"/>	<input type="checkbox"/>
Avoid destruction of property	<input type="checkbox"/>	<input type="checkbox"/>
Manage finances/pay rent	<input type="checkbox"/>	<input type="checkbox"/>
Make timely utility payments	<input type="checkbox"/>	<input type="checkbox"/>
Respond to mail	<input type="checkbox"/>	<input type="checkbox"/>
Report income/status changes	<input type="checkbox"/>	<input type="checkbox"/>
Follow appropriate rules	<input type="checkbox"/>	<input type="checkbox"/>
Avoid disturbing neighbors	<input type="checkbox"/>	<input type="checkbox"/>
Avoid criminal activity	<input type="checkbox"/>	<input type="checkbox"/>

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 _____