



**Landlord Reference**

Property: \_\_\_\_\_

Landlord Name & Address:

Applicant Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This person has applied for an apartment in one of our communities. We ask your cooperation in providing the following information and returning it to us. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

**TO BE COMPLETED BY LANDLORD ONLY:**

Address of Apartment Rented: \_\_\_\_\_ Rental Period: From \_\_\_\_\_ to \_\_\_\_\_

Amount of current/previous rent \$ \_\_\_\_\_ Amount in arrears at this time \$ \_\_\_\_\_

If this rental is current, do you receive a subsidy through the Rural Housing 515 program or HUD Section 8 program?  Yes  No

Had/have you begun/completed eviction proceedings for non-payment?  Yes  No

Rent payment history for the past year/prior years:  Excellent  Good  Fair  Poor

Housekeeping: Does (did) the tenant keep the unit clean, safe & sanitary?  Yes  No

Are (were) there any damages beyond normal wear and tear?  Yes  No

Does (did) tenant permit persons other than those on the lease to live in the unit on a regular basis?  Yes  No

Has (had) tenant/family members/guests damaged/vandalized the common areas?  Yes  No

Does (did) tenant/family members/guests interfere with the rights/quiet enjoyment of other tenants?  Yes  No

Has (had) tenant/family members/guests acted in a physically violent and/or verbally abusive manner towards neighbors, landlord, or landlord staff?  Yes  No

Type of tenant:  Excellent  Good  Fair  Poor Would you rent to applicant again?  Yes  No

Comments on any of the above: \_\_\_\_\_  
\_\_\_\_\_

Signature & Title of Person Supplying Info

Phone #

Date

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

**(TT)** \_\_\_\_\_

**Applicant Signature**

**Please Return By:** \_\_\_\_\_

**Penalties for misusing this consent:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

