

**VERIFICATION FROM LANDLORD**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

RE: \_\_\_\_\_

TO: \_\_\_\_\_ From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above named person is an applicant for housing at \_\_\_\_\_  
Your assistance is requested by supplying the information indicated below. Please return this form to our office  
in the enclosed self-addressed envelope. Thank you for your assistance in this matter.

Sincerely,

XX

Length of residence in your housing \_\_\_\_\_

RENT PAYMENT	Always	Most of the time	Hardly Ever	Never
Rent paid on Due Date	_____	_____	_____	_____
Rent paid within 3 days of Due Date	_____	_____	_____	_____
Late Fees Assessed	_____	_____	_____	_____

Eviction Notice Sent	Yes _____	No _____
Eviction Proceedings Started	Yes _____	No _____

CARE OF PREMISES	Above Average	Average	Below Average
General Housekeeping	_____	_____	_____
Respect for Property	_____	_____	_____

**WAS THIS PERSON VIOLENT OR DISRUPTIVE TO:**

NO YES If yes, please explain \_\_\_\_\_

Members of household \_\_\_\_\_

Neighbors \_\_\_\_\_

Management \_\_\_\_\_



DID THIS PERSON VIOLATE ANY LEASE PROVISIONS?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WOULD YOU RENT AN APARTMENT TO THIS APPLICANT AGAIN?

YES \_\_\_\_\_ NO \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INFORMATION SUPPLIED BY:

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

“This institution is an equal opportunity provider.”

