

Please DO NOT leave any blanks.
The use of white out, black out or alteration of original information will void this document.

LANDLORD REFERENCE CHECK

Subject: Verification of Information Supplied by an Applicant for Government Subsidized Housing.

To (3rd Party):

Please Return to:

I authorize _____ to investigate my rental history. The investigation may include, but is not limited to, questions listed below.

Print Name: _____
Address: _____
SSN: _____

Signature

Date

INFORMATION BEING REQUESTED:

1. Dates for residency: From _____ to _____ Total # of Months _____
2. Did the resident pay their rent on time? _____
If the resident was late on the rent, how late? _____
How often? _____ Comments _____
3. How much rent was paid each month by this resident? _____
4. Did you receive a security deposit? _____
If yes, how much of it was returned to the resident? _____
5. Did the resident, their guests, or their family damage the apartment of property? _____
If Yes, Did they pay for damages? _____ Amount \$ _____
6. Were the police ever called as a result of a disturbance? _____ Amount \$ _____
7. Were there problems with neighbors? _____
8. Does the resident have pets, or other potential problems that may be important for a landlord to know? _____
9. Did the resident violate the lease agreement in any way? _____
If Yes, How? _____



This institution is an equal opportunity provider and employer TDD # 711



If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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10. Did the resident give you proper notice for vacating? _____
Reason for leaving _____
11. Would you re-rent to this resident? _____
12. What previous address do your records indicate? _____
13. Did the resident have bed bugs, lice or any other parasite infestation? _____
If, yes, did the resident participate with the treatment? _____

Additional Comments: _____

INFORMATION PROVIDED BY:

Name & Title	Firm/Organization	Contact Phone/Email
Signature	Date	

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or family status.



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