

**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 (3<sup>rd</sup> Party):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Return to:  
Mystic View Apartments \_\_\_\_\_  
5590 Thomas St \_\_\_\_\_  
Pullman, MI 49450 \_\_\_\_\_  
269-775-0124 fax \_\_\_\_\_

**I authorize** PK Housing & Management Co \_\_\_\_\_ **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](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](mailto: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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