



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT LANDLORD REFERENCE FORM

Date _____

Entity #: _____

HOH Name: _____

To whom it may concern:

The person named below has applied for housing assistance; therefore, it is necessary to conduct a landlord reference check. Your cooperation in supplying the information listed on this form in its entirety will be greatly appreciated.

THANK YOU FOR PROVIDING INFORMATION

I, _____ hereby authorize my current/previous landlord information requested below.

Signature: _____ Date: _____

See attached Authorization to Release Information in lieu of signature above.

THIS FORM MUST BE COMPLETED AND RETURNED VIA FAX TO PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

FAX #: _____

ATTN: _____
PHCD OFFICIAL OR REPRESENTATIVE

PHONE #: _____

APPLICANT NAME: _____

PROPERTY NAME: _____

Name of Landlord: _____ Current Landlord Previous Landlord

Are you a relative or friend of the applicant? Yes No - If YES, please describe relationship: _____

Dates of Applicant's Tenancy: From _____ to _____

Does (Did) the Applicant has a lease? Yes No

Rent Payment

A. Amount of monthly rent: \$ _____ Balance Owed: \$ _____

Specify Month(s): _____

B. Has an eviction for non-payment of rent filed with the Clerk of the Court? Yes No
B1. Was a court judgment rendered? Pending Yes No

C. Has an eviction for any other reason filed with the Clerk of the Court? Yes No
C1. Was a court judgment rendered? Pending Yes No

Comment: _____

NAME OF PERSON COMPLETING FORM: _____

SIGNATURE OF PERSON COMPLETING FORM _____ TITLE _____ DATE _____

PHONE NUMBER: _____ FAX NUMBER: _____



This material is available in an accessible format upon request

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