Each adult listed on the application must complete and sign a <u>current</u> and <u>prior</u> landlord reference.

▮Current▮ Landlord Information:

Where do you live now? What is your <u>CURRENT</u> ADDRESS?
Are you on the lease with someone else as Head of Household?
If yes, list both names.

<u>PLEASE PRINT:</u>

Your Name(s) _____

Your **Current** Address: _____
                             Street Address of Applicant

                             _____
                             City   State   Zip

                             (_____)_____
                             Phone

Date at this address: From _____ to Present.

Who <u>is</u> your Landlord? Or name of Housing Authority?
Or who <u>are</u> you living with? Parents/Relative?

Check If:
- ☐ Landlord
- ☐ Housing Authority
- ☐ Parent/Relative
- ☐ Own Home

_____
Name of Landlord/Housing Authority/Parent/Relative/Friend

_____
Street Address of Landlord/Housing Authority/Parent/Relative/Friend

_____
City   State   Zip

(_____)_____
Phone

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

_____   _____
Applicant Signature   Date

Each adult listed on the application must complete and sign a <u>current</u> and <u>prior</u> landlord reference.

<mark>Prior</mark> Landlord Information:

Where <u>did</u> you live before? What was your <u>PRIOR</u> ADDRESS?
    Were you on the lease with someone else as Head of Household?
    If yes, list both names.

<u>PLEASE PRINT:</u>

Your Name(s) _____

Your **Prior** Address: _____
                  Street Address of Applicant

                             _____
                  City   State   Zip

Dates at this address: From _____ to _____

Who <u>was</u> your Landlord? Or name of Housing Authority?
Or who <u>were</u> you living with? Parents/Relative?

Check If:
- ☐ Landlord
- ☐ Housing Authority
- ☐ Parent/Relative
- ☐ Owned Home

_____
Name of Landlord/Housing Authority/Parent/Relative/Friend

_____
Street Address of Landlord/Housing Authority/Parent/Relative/Friend

_____
City   State   Zip

(_____)_____
Phone

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

_____   _____
Applicant Signature   Date