

LAWRENCE DOUGLAS-COUNTY HOUSING AUTHORITY
RESIDENTIAL LANDLORD REFERENCE FOR GENERAL & TRANSITIONAL HOUSING APPLICANTS
1600 Haskell Avenue
Lawrence, Kansas 66044
(785) 842-8110 VOICE, (785) 842-9596 FAX, housing@ldcha.org Attn: General Housing

Date _____

Landlord's Information _____ Applicant's Information _____

The above person has applied for housing assistance and gives the above address as a prior/ current residence. This is a preliminary check that we do on all of our applicants. Please answer the questions listed below to the best of your knowledge and return to our office by mail, fax, e-mail to address listed at the top of this form.

Dates of residency From _____ To _____ Total number of months _____
Mm/ dd/ yy Mm/ dd/ yy

The number of persons residing there _____ Did anyone move in or out? _____

If yes, give name/ s & details _____

Did the applicant, their guest, or their family damage the apartment or property? _____
If yes describe the damages _____

Did they pay for damages? _____ Amount of damages _____ Amount paid \$ _____

Did they take care of the property according to the terms of the lease? ____ Yes ____ No.
If not, please list the lease violations they were sited for or otherwise explain _____

If the tenant has moved out please describe the condition your property was left in: _____

Did the applicant have pets? _____ Were there problems with neighbors? _____
Comments: _____

Were the police ever called to the unit? If yes please explain: _____

Are there other potential problems that may be important for a landlord to know? _____

Are you related by blood, marriage or a legal guardian to the applicant? _____
If yes, please state relationship _____

Please give any previous address you have on the above applicant: _____

Please give the forwarding address given when the applicant vacated your property: _____

Please complete back side of form

LDCHA RESIDENTIAL LANDLORD REFERENCE FOR GENERAL AND TRANSITIONAL HOUSING APPLICANTS

In your professional opinion, can the applicant perform the following activities related to lease compliance?

- Keep unit clean, sanitary and hazard-free Yes No With assistance
- Respond to mail Yes No With assistance
- Avoid destruction of property Yes No With assistance
- Follow rules Yes No With assistance
- Manage finances/ pay rent Yes No With assistance
- Avoid disturbing the neighbors Yes No With assistance
- Pay utilities Yes No With assistance

Comments: _____

Do you : Own___ Rent___ Manage___The property listed on the front of this form. (Check which best applies.)

Did the applicant give you proper notice to vacate?_____ How many days? _____

How much was their rent?_____ Ever late?_____ If so, how many times? _____

Was rent subsidized? _____ If yes by what agency _____

Do they owe money?_____ If so, how much? Rent_____ Damages _____

Did you terminate tenancy?_____ Why _____

Is there a court case pending? _____ If yes explain _____

Would you rent to them again? _____ If no explain _____

Comments:

Name (print or type)

Signature

Daytime telephone number

Date Completed

Return to:

Lawrence-Douglas County Housing Authority

Attn: _____ By: _____

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.