

**DeFuniak Springs Housing Authority**  
**120 Oerting Drive**  
**DeFuniak Springs, FL 32435**

**APPLICATION for PUBLIC/ PHA-OWNED HOUSING**

This is not a Section 8 application and cannot be used for the Housing Voucher program.

**Instructions: Please read Carefully. Incomplete applications will not be processed**

This application is valid for all public housing properties operated by the \_\_\_\_\_ Housing Authority hereinafter referred to as "PHA".

To be qualified for admission to public housing an applicant must:

- a. Be a family as defined in PHA's Admission and Continued Occupancy policy;
- b. Document citizenship or eligible immigration status or pay a higher rent;
- c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA office.
- d. Provide documentation of Social Security numbers for all family members;
- e. Meet or exceed the Applicant Selection Criteria;
- f. Pay any money owed to PHA or any other housing authority;
- g. Not have had a lease terminated by a PHA in the past 12 months;
- h. Be able and willing to comply with the PHA lease;
- i. Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity;
- j. Not have any family members subject to a lifetime sex offender registration in any state.

Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size (and admission preferences if applicable).

Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.

**Applicants with disabilities will be given assistance, if requested, with the completion of the application at PHA's office at the address above.**

PHA will conduct a criminal record check on all adult applicants or those for whom adult records are available.

**The Housing Authority is an Equal Housing Provider**

**THIS SECTION FOR OFFICE USE ONLY**

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Time: \_\_\_\_\_

Bedroom Size: \_\_\_\_\_

**APPLICATION FOR ADMISSION**  
**HOUSING AUTHORITY OF THE CITY OF DEFUNIAK SPRINGS**

We will provide assistance to individuals with a handicap or disability to insure equal access to this document. If you require assistance or help in understand this document we will provide assistance. You must notify this office to arrange for assistance.

**THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.**

**Complete this form in your own handwriting in ink.** Use the correct legal name for each person who will reside in the apartment as it appears on the Social Security card or other legal forms of identification. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. **Do not leave blank** any section of the application. If that section does not apply to you, write N/A.

**1. APPLICANT INFORMATION:**

Name of Head of Household: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**II. HOUSEHOLD COMPOSITION:**

Race of Head of Household (check one)

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other pacific Islander

Ethnicity (check one)

- Hispanic or Latino
- Not Hispanic or Latino

Adults (age 18 & over)			Relation	Sex	Social Security	Elderly/	Date of	Place of
Last,	First	MI	to Head	M/F	Number	Disabled	Birth	Birth

Children (under age 18)			Sex	Social Security	Date of	Place of	Name & Address of Absent
Last,	First	MI	M/F	Number	Birth	Birth	Parent (not living with child)

Which of the following do you claim? (check one)

- I am a citizen, naturalized Citizen or National of the United States
- I am a non-citizen with eligible immigration status.
- I am a non-citizen without eligible immigration status.
- Pending verification

In case of emergency contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street City State Zip

Does anyone in your household require special accommodation due to a disability? \_\_\_\_\_

If yes, specify requirements: \_\_\_\_\_

Do you pay for Assistance Care or for auxiliary apparatus for a disabled household members in order for them or another family member to work? \_\_\_\_\_ If yes, itemize: \_\_\_\_\_

**III. TOTAL HOUSEHOLD INCOME:**

List all money earned or received by **everyone** living in the household. This includes but is not limited to gross wages, self-employment, child support, Social Security, SSI, Worker's Compensation, Unemployment benefits, retirement benefits, TANF, Veteran's benefits, alimony, babysitting, rental property income. Income from banks such as interest on savings bonds, checking accounts, and CDs. Also include any regular contributions to the household from any person outside the household.

Name of Household Member Who Receives Income	Source or Type of Income (Name of Employer, Company, Absent Parent, TANF, SS, SSI, VA, Bank, Individual, etc.)	How Often? (Monthly, Weekly, Bi-weekly)	Gross Income (Cash or Check before deductions)	List any changes anticipated

Is the Head of Household or Spouse of the Head of Household in the Armed Services? \_\_\_\_\_

Does anyone help you pay bills regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_ How often? \_\_\_\_\_ How much? \_\_\_\_\_

**IV. ASSETS**

Do any household members have or receive income from assets: (check all that apply)

- Real Estate
- Stocks/Bonds
- Savings Accounts
- Company Retirement
- Pension Fund
- Insurance Settlements
- Certificate of Deposit
- Trusts
- Checking Account

[ ] Other: \_\_\_\_\_

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years? \_\_\_\_\_

If yes, what? \_\_\_\_\_ What was its' market value \_\_\_\_\_

How much did you actually receive \_\_\_\_\_

### V. CHILDCARE AND MEDICAL INFORMATION

Do you pay for Child Care for children age 12 or younger while you work or attend school? \_\_\_\_\_

If yes, Name of Child Care Provider: \_\_\_\_\_ How much per month? \_\_\_\_\_

If the Head of Household or Spouse are age 62 or older OR disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes but is not limited to: prescriptions, physicians' bills, hospital bills, insurance premiums, and over-the-counter medications) Back-up info required.

Medical Expense	Yearly Total	Medical Expense	Yearly Total

### VI. GENERAL INFORMATION

Current Landlord : \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you or any household member ever lived in public housing or received housing assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, under whose name? \_\_\_\_\_

Where? \_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_ How much \_\_\_\_\_

Does any household member 18 years or older have a debt with a utility company or previous landlord? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with whom? \_\_\_\_\_ How much? \_\_\_\_\_

Have you or any household member ever used any other name or social security number than the one used on this application? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list: 3

Mailed: \_\_\_\_\_

Record of Offers:

Date: \_\_\_\_\_ Unit # \_\_\_\_\_ Project # \_\_\_\_\_ B/R size: \_\_\_\_\_ Bldg. # \_\_\_\_\_ Bldg Ent # \_\_\_\_\_

Accepted: \_\_\_\_\_ Moved in: \_\_\_\_\_ Rejected: \_\_\_\_\_

Earliest date next offer can be made: \_\_\_\_\_ Removed: \_\_\_\_\_

Date: \_\_\_\_\_ Unit # \_\_\_\_\_ Project # \_\_\_\_\_ B/R size: \_\_\_\_\_ Bldg # \_\_\_\_\_ Bldg Ent # \_\_\_\_\_

Accepted: \_\_\_\_\_ Moved in: \_\_\_\_\_ Rejected: \_\_\_\_\_

Earliest date next offer can be made: \_\_\_\_\_

Date: \_\_\_\_\_ Unit: \_\_\_\_\_ Project # \_\_\_\_\_ B/R size: \_\_\_\_\_ Bldg # \_\_\_\_\_ Bldg. Ent # \_\_\_\_\_

Accepted: \_\_\_\_\_ Moved in: \_\_\_\_\_ Rejected: \_\_\_\_\_

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Are you or any household member required to report to a probation or parole officer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any household member ever been arrested for drug or alcohol related activity, or violent criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give name of household member

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Explain: \_\_\_\_\_

Do You own a vehicle(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list      Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag # \_\_\_\_\_

# Housing Assistance Application

## APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the DeFuniak Springs Housing Authority (PHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the DeFuniak Springs Housing Authority (PHA) within thirty (30) days of the change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the Defuniak Spring Housing Authority (PHA) within thirty (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of the DeFuniak Springs Housing Authority (PHA) and my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under:

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE-FOR PHA ONLY:**

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Head of Household/Spouse and myself.

Signature of PHA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.



**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice. Authority:** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

AUTHORIZATION OF RELEASE OF GENERAL INFORMATION

I here authorize release of information to DeFuniak Springs Housing Authority and, acknowledge that any information obtained by DeFuniak Springs Housing Authority will only be such information that is necessary in determining eligibility for housing assistance with the Authority or, re-certification of eligibility for housing assistance. This information may, at times, be shared with federal, state or local agencies having jurisdiction over the Authority. Such information will be protected and only used in accordance with applicable state and federal laws.

Such information may include but not be limited to: Verification of income and employment with any state, local, federal agency or, private employer; verification of income from self-employment thru Internal Revenue Service information or other sources; verification of any public assistance or child support thru state, federal, local or private sources; verification of any child care expenses; verification of student status of family members 18 years of age or older; verification of medical or care expenses for elderly, disabled or handicapped applicants or residents; information concerning suitability of tenancy from prior landlords and personal references; determinations of credit worthiness obtained by the Authority thru credit history reports; and, criminal background information of all adult members of applicant or resident family.

I hereby acknowledge that the signature of head of household and all family members 18 years of age or older of such applicant or resident families authorizes the release of the information described above

\_\_\_\_\_  
Applicant/Resident Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member of Resident/Applicant Household

\_\_\_\_\_  
Date

# DeFuniak Springs Housing Authority APPLICANT/TENANT CERTIFICATION

**All family members age 18 and older should review the information on this application and MUST sign below.**

### **Giving True and Complete Information**

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

### **Reporting Changes in Income or Household Composition**

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

### **Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

### **No Duplicate Residence or Assistance**

I certify that the apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

### **Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, denial or termination of assistance, or eviction.

### **Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal and State criminal law. I also understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

### **Signature of Household Adults**

- 1) \_\_\_\_\_ Date \_\_\_\_\_
- 2) \_\_\_\_\_ Date \_\_\_\_\_
- 3) \_\_\_\_\_ Date \_\_\_\_\_
- 4) \_\_\_\_\_ Date \_\_\_\_\_

Defuniak Springs Housing Authority  
120 Oerting Drive  
Defuniak Springs, Fl 32435  
850-892-2823 Office  
850-892-2823 Fax

Date \_\_\_\_\_

RE: Criminal Background Check

I, \_\_\_\_\_, am applying for Housing with the  
DeFuniak Springs Housing Authority and therefore do authorize them to  
process a criminal background check on me.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth date \_\_\_\_\_

Present Address \_\_\_\_\_

The information I have provided above is true to the best of my knowledge.

\_\_\_\_\_  
Signature

**DEFUNIAK SPRINGS HOUSING AUTHORITY**  
120 OERTING DRIVE  
DEFUNIAK SPRINGS, FL 32435  
1-850-892-2823  
Fax: 1-850-892-2823

**LANDLORD VERIFICATION FORM**

Name of Applicant: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_  
Are you a relative or friend of the applicant? If so, please describe. \_\_\_\_\_  
Dates of Applicant's Tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_  
Does (Did) the applicant have a lease? Yes ( ) No ( )

**Rental Payments**

Amount of monthly rent \$ \_\_\_\_\_ number of late payments \_\_\_\_\_  
Have (had) you ever filed for eviction for non-payment of rent? Yes ( ) No ( ) If yes, what was the outcome?  
Please explain. \_\_\_\_\_  
Do you provide any of the utilities? Yes ( ) No ( ) Have utilities ever been disconnected? Yes ( ) No ( )

**Caring for Unit**

Does (did) the applicant keep the unit clean, safe and sanitary? Yes ( ) No ( )  
Has the applicant damaged the unit? Yes ( ) No ( ) If yes, please describe \_\_\_\_\_  
cost \$ \_\_\_\_\_  
Has (had) the applicant paid for the damage? Yes ( ) No ( ) Will (did) you keep any security deposit? Yes ( ) No ( )  
Does (did) the applicant have problems with insect/rodent infestation? Yes ( ) No ( )  
Does (did) the applicant's housekeeping contribute to infestation? Yes ( ) No ( )  
Did the applicant make any alterations to the unit without your permission? Yes ( ) No ( )

**General**

Does the applicant permit persons other than those on the lease to live in the unit on a regular basis? Yes ( ) No ( )  
Has the applicant, family members or guests damaged or vandalized the common area? Yes ( ) No ( )  
If yes, describe \_\_\_\_\_  
Does the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?  
Yes ( ) No ( )  
Have the applicant, family members or guests engaged in any criminal or drug related activity? Yes ( ) No ( ) If yes, please  
explain \_\_\_\_\_  
Has (had) the applicant given any false information? Yes ( ) No ( ) If yes, please describe \_\_\_\_\_  
Has (had) the applicant, family member or guests acted in a physically violent and/or verbally abusive manner toward neighbors,  
landlord, or landlord's staff? Yes ( ) No ( ) If yes, please describe \_\_\_\_\_  
Would you rent to this applicant again? Yes ( ) No ( ) If no, why not? \_\_\_\_\_

Signature of Landlord \_\_\_\_\_ date \_\_\_\_\_  
Name of authorized staff (telephone verification) \_\_\_\_\_ date \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the release of the requested information.

Signature of applicant \_\_\_\_\_

date \_\_\_\_\_

## Previous Landlord Telephone Verification Form

Applicant name \_\_\_\_\_ Date \_\_\_\_\_

Previous address \_\_\_\_\_

Name of person contacted \_\_\_\_\_ Phone \_\_\_\_\_

Current landlord     Previous landlord     Other \_\_\_\_\_

Dates of tenancy: From \_\_\_\_\_ to \_\_\_\_\_

### 1. Rent Payment

A. Is (was) applicant current on rent? \_\_\_\_\_

B. Has rent ever been paid late? \_\_\_\_\_ How late? \_\_\_\_\_ How often? \_\_\_\_\_

C. Have (had) you ever begun eviction proceedings for nonpayment? \_\_\_\_\_

### 2. Caring for the Unit

A. Does (did) the applicant keep the unit clean? \_\_\_\_\_

B. Has (had) the applicant damaged the unit? \_\_\_\_\_

Describe \_\_\_\_\_

Estimated cost of damages \_\_\_\_\_ How often? \_\_\_\_\_

C. Has (had) the applicant paid for the damage? \_\_\_\_\_

### 3. General

A. Does (did) the applicant permit persons other than those on the lease to live in the unit? \_\_\_\_\_

B. Has (had) the applicant or family members damaged or vandalized the common areas? \_\_\_\_\_

C. Does (did) the applicant create any physical hazards to the project or residents? \_\_\_\_\_

D. Does (did) the applicant interfere with the rights and quiet enjoyment of the other tenants? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

E. Has (had) the applicant given you any false information? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

F. Would you rent again to this applicant? \_\_\_\_\_

If no, why not? \_\_\_\_\_

PHA Representative Signature \_\_\_\_\_