### LANDLORD VERIFICATION FORM

Federal law requires us to screen families applying for admission to our developments to determine their willingness and ability to comply with the Housing Authority Lease.

If you could fill out the form below and return it to the Kirbyville Housing Authority at 414 S. Vallie Ave. Kirbyville, TX 75956 or fax it to 409-423-3396 within 5 days, it would be most appreciated.

Sincerely yours, (Housing Authority Representative)

Name of Applicant:­ 

Current Address: 

Name of Landlord 

Are you a relative or friend of the applicant? If so, please describe relationship:

Current Landlord  Previous Landlord  Other 

Dates of Applicant's Tenancy: From To 

Does (Did) the Applicant have a lease?  YES NO

**1. Rent Payment**

A. Amount of monthly rent: $

B. Does (did) applicant pay rent on time?  YES  NO

C. Has(had) he/she ever paid l late?  YES  NO

How late? How often? 

D. Have (had) you ever begun/completed eviction for non‑payment? YES NO

E. Was a Court judgment rendered in your favor for eviction for non-payment? YES NO

F. Do you provide any of the utilities for the unit? YES  NO

G. Have tenant‑paid utilities ever been disconnected? YES  NO

H. Did the applicant ever give NSF check(s) to management? YES  NO

**2.**  **Caring for the Unit**

A. Does (did) the applicant keep the unit clean, safe and sanitary? YES  NO

B. Has (had) the applicant damaged the unit? YES NO

Describe:

Cost to repair? $  How often?

C. Has (had) the applicant paid for the damage? YES NO

D. Will (did) you keep any security deposit? YES  NO

E. Does (did) the applicant have problems with insect/rodent infestation? YES  NO

F. Does (did) the applicant's housekeeping contribute to infestation? YES NO

G. Did the applicant make any alterations to the unit without your permission? YES NO

**3. General**

1. Is (was) the applicant listed on the lease for the unit? YES  NO
2. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular

basis? YES NO

Describe: 

1. Has (had) the applicant, family members or guests damaged or vandalized the common

areas? YES NO

If yes, Describe: 

1. Does (did) the applicant, family members or guests create any physical hazards to the project or

other residents? YES NO

If yes, Describe: 

1. Does (did) the applicant, family members or guests interfere with the rights and quiet

enjoyment of other tenants? YES  NO

If yes, Describe: 

F. Have the applicant, family members or guests engaged in any criminal activity, including

drug‑related criminal activity? YES NO

If yes, Describe: 

G. Has (had) the applicant given you any false information?  YES  NO

If yes, Describe: 

H. Has (had) the applicant, family members or guests acted in a physically violent and/or

verbally abusive manner toward neighbors, landlord, or landlord's staff? YES NO

If yes, Describe: 

I. Would you rent to this applicant again? YES NO

If not, why? 

Signature of Landlord  Date 

(Name of authorized project staff: telephone verification) 

Date 