



Landlord Verification Form

Applicant Name: _____

Current/Previous Address: _____

Landlord Phone Number: _____ **Fax Number:** _____

The applicant named above has applied for housing with East Georgia Housing Authority Partners and has listed you as a former/current landlord. We request your assistance in the verification of the information listed below, pertaining to their tenancy with you. The information will be used to determine eligibility for the program and will remain confidential.

**I hereby consent to the release of my rental history to the agency indicated below with my signature.
(Sign above the Housing Authority to which you are applying):**

Harlem Housing Authority Fax Number (706)556-6418	Thomson Housing Authority Fax Number (706)595-2953	Warrenton & Crawfordville Housing Authorities Fax Number (706)465-2121

-----TO BE COPLETED BY CURRENT/FORMER LANDLORD-----

1. Dates of Tenancy: _____
2. Did he/she pay rent on time? Yes No If no, how often were they late? _____
3. Have you ever begun eviction proceedings for nonpayment? Yes No
4. Did they keep the unit clean? Yes No Comments: _____

5. Did they ever damage the apartment or property? Yes No
6. Did the applicant permit persons not on the lease to reside in the unit? Yes No
7. Did the applicant keep unreported pets in the unit? Yes No
8. Did the applicant interfere with the right to peaceful enjoyment of other residents? Yes No
9. Were the police ever called as the result of a disturbance? Yes No Comments: _____

10. Has the applicant ever given you any false information? Yes No
11. Did they violate the lease in any way? Yes No Comments: _____

12. Would you rent to this resident again? Yes No

Name & Agency	Date	Phone Number
Signature		

Once completed, please fax to the Housing Authority Indicated above, under applicants' signature.