

HOUSING AUTHORITY OF THE CITY OF LAGRANGE
201 CHATHAM STREET * P.O. BOX 626 *LAGRANGE, GA 30241
TELEPHONE # (706) 882-6416 FAX # (706) 882-0781



LANDLORD VERIFICATION FORM

To be completed by Applicant (Must cover previous three years Landlord History)

Name of Applicant: _____

Current Address: _____

DATE RESIDED: From _____ To _____

LANDLORD NAME, ADDRESS & PHONE _____

Prior Address: _____

DATE RESIDED: From _____ To _____

LANDLORD NAME, ADDRESS & PHONE: _____

Prior Address: _____

DATE RESIDED: From _____ To _____

LANDLORD NAME, ADDRESS & PHONE: _____

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For release of information _____

Applicant's Signature Here

To be completed by Landlord:

Payment History

- a. Amount of monthly rent : \$ _____
- b. Does (did) applicant pay rent on time? Yes No
- c. Has (have) he/she ever paid late? Yes No
- d. Does applicant have a current outstanding balance? Yes No Amount Owed? _____
- e. Is rent subsidized through a govt. program such as Section 8 or Tax Credit? Yes No
- f. Date unit was vacated by tenant? _____

2. Caring of the Unit

- a. Does (did) the applicant keep the unit clean, safe and sanitary? Yes No
- b. Have (has) the applicant family damaged the unit? Yes No
- c. Describe briefly _____ Cost of repair? \$ _____
- d. Will (did) you keep any security deposit? Yes No
- e. Did the applicant have problems with insect/rodent infestation? Yes No
- f. Did the applicant's housekeeping contribute to infestation? Yes No

3. Environmental Safety

- a. Does (did) applicant display a pattern of illegal use that interfered with the health, safety, or right to peaceful enjoyment by other residents? Yes No
- b. Would you rent to applicant again? Yes No
- c. Did resident participate in income exclusion program? Yes No
- d. Start Date? _____
- e. Did client owe community Service hours? Yes No How many _____

Form Completed By: _____ Name of Agency _____

Contact Number: _____ Date: _____