

Centerville Housing Authority

CITY OF CENTERVILLE
130 E. Main St. – PO Box 249
Centerville, Texas 75833
Phone 903-536-2378 Fax 903-536-5003

STOP!

***ONLY TO BE FILLED
OUT BY LANDLORD,
NOT APPLICANT**

LANDLORD VERIFICATION

Date _____

Previous Landlords Name: _____ Phone: _____

Address: _____ Fax: _____

Mr./Mrs/Ms. _____, has applied for a rental unit at Centerville Housing Authority. He/she authorized us to request information relating to residency in your dwelling.

Please answer all applicable question listed below and return completed form as soon as possible. All replies will be kept confidential, except on request of applicant.

I hereby grant the above signed Housing Authority Representative permission to make inquiries regarding my rental history. I understand that this information is for the purpose of determining my eligibility only.

Signature of Applicant: _____

Address: _____

LANDLORD PLEASE COMPLETE THE FOLLOWING INFORMATION (n/a – not applicable)

Name of Resident: _____ Move-In Date: _____

Address (including unit no.): _____ Move-Out Date: _____

1. Has/was rent paid on time? [] YES [] NO [] Most of the time
2. Monthly rent amount: _____ were utilities included in rent? [] YES [] NO [] Partial
3. Did you inspect/visit applicant's unit while he/she was renting from you? [] YES [] NO
4. Did the applicant maintain a safe and sanitary household? [] YES [] NO
5. Was the applicant a nuisance, were there complaints from other residents or neighbors about the applicant? [] YES [] NO
6. Did the Applicant cause damage beyond normal wear and tear to the unit? [] YES [] NO
7. Did resident leave owing a balance? [] YES [] NO - How much do they owe? _____
8. Would you rent to this applicant again? [] YES [] NO
If not, why? _____
9. Are you a relative or a personal friend of the applicant? [] YES [] NO - If yes, please explain on back side of this document.

Signature: _____

Date: _____

Title: Contact no: _____