

Corinth Housing Authority
1101 Cruise Street
P.O. Box 1003
Corinth, MS 38835-1003

HOUSING APPLICATION



Office Hours: 8:00 a.m.--5:30 p.m. Monday - Thursday

Tinin Terrace, Pace Drive and Boyd Terrace Office 662-287-5533

J. B. Combs and Robbins Apartments 662-287-0305

Items needed to complete your Application.

- * Social Security Cards for ALL members in the household.
- * Birth Certificates or Proof of Birth for ALL children in the household.
- * Marriage License or Divorce Papers if they apply to you.
- * Drivers License or Picture ID of ALL adult members in the household.
- * Statement from Social Security Office if you receive benefits
- * Elderly or Disabled residents may claim OUT OF POCKET medical Expenses by bringing proof of said expenses.
- * Proof of ownership of vehicle.
- * Prior 3 months bank statements.

Notes:

- * A \$125.00 Security Deposit is required.
- * Ranges, refridgeraters, heaters and Air Conditioners are provided in each unit.
- * The Corinth Housing Authority does all yard work.
- * All Resident receives a Utility Allowance.

....The more Utilities the resident pays the larger their utility allowances.

The Corinth Housing Authority manages the following properties.

Tinin Terrace Apartments: Off Hwy 72 by Magnolia Hospital.

100 Elderly Units ... Water, Garbage and Sewer paid by Corinth Housing Authority.

Pace Terrace Apartments : Bell School Road behind Gaines Chapel Church.

40 family units ... ALL utilities paid by resident.

Boyd Terrace Apartments: across Street from Pace Terrace

30 family units ... ALL Utilities paid by resident

Robbins Apartments: near John Street Park

50 family units ... Water, Garbage, Sewer and Gas paid by Corinth Housing Authority.

J. B. Combs Apartments: Cass Street by South Corinth School

110 family units ... Water Garbage, Sewer and Gas paid by Corinth Housing Authority

Corinth Housing Authority
1101 Cruise Street
Corinth, MS 38834
662-287-1488

Date: _____

RENTAL APPLICATION

Time: _____

Last Name:	First:	Middle Initial:	Sex:	Date of Birth:	Social Security Number:
Address:	City:	State:	Zip Code:	How Long?	Phone Number: Alternate Phone Number:

Spouse's Name:	Sex:	Date of Birth:	Social Security Number:
Other Occupants & Their Relationship:	Sex:	Date of Birth:	Social Security Number:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
Name and Mailing Address of Landlord/Mortgage Co:	Phone Number:	Alternate Number:	Monthly Payment:
Previous Address: City: State: Zip Code:	Phone Number:	How Long Did You Live Here?	

CURRENT EXPENDITURES:

Rent \$ _____ Electric \$ _____ Gas \$ _____ Water \$ _____
 Phone \$ _____ Cable \$ _____ Food \$ _____ Credit Cards \$ _____
 Rentals \$ _____ Vehicle Payment (1) \$ _____ Vehicle Payment (2) \$ _____
 Health Insurance \$ _____ Auto Insurance \$ _____ Child Care \$ _____
 Any owned properties (for example: Homes, Autos, Land, Boats, etc.): Yes No
 If yes, please describe (what is owned and value of owned property): _____

BANKING INFORMATION:

Name of Banking Institution: _____

Type of Account: Checking Savings Both Joint/Individual (Please Circle)

Current Balances: Checking: \$ _____ Savings: \$ _____

FOR OFFICE USE ONLY: DO NOT WRITE BELOW

Date Needed: _____ Apt. Size _____ Rent: \$ _____

Site: _____ Apt. #: _____

INCOME VERIFICATION

FAMILY MEMBER	SOURCE OF INCOME SALARY, SS, SSI, AFDC	WKLY, BYWKLY, MTLY	AMOUNT	ANNUAL INCOME

Did you file an income tax return this year? yes no Does anyone outside your household give you money? yes no If yes, whom? _____
How much? _____

ASSET INFORMATION: A. Total Income from all sources: \$

Family Member	Asset Description	Current/ Disposed	Market Value	Cash Value	Interest Rate	Annual Income

EMPLOYMENT HISTORY: List previous employment of all household members.

Family Member	From	To	Employer Name & Address	Reason-Leaving

CREDIT REFERENCES: List 3 Credit References.

Name and Address	Telephone #	Account #	Balance Due

PERSONAL REFERENCES: List 3 Personal References.

Name and Address	Telephone Number



Commissioners:
 James R. Boyd - Chairman
 Alton Sargent - Vice-Chairman
 Milus Copeland
 Emma Lea Newcomb
 Diane Tryner

Phone: 662-267-1499
 Fax: 662-266-6951
 E-mail: chal@avsia.com

Corinth Housing Authority
 1101 Cruise Street
 P.O. Box 1003
 Corinth, MS 38855

Donald E. Morgan - CEO
 Dianne Timbes - CFO

FOR OFFICE USE ONLY

DEDUCTIONS: List below all eligible expenses

Child Care _____
 Medical Expenses Total _____
 Medical Expenses over 3% of Annual Income _____
 Total eligible expenses _____

EXEMPTIONS:

Minor _____ 480 x _____ = \$ _____
 Disabled Adults _____ 480 x _____ = \$ _____
 Full-time Students _____ 480 x _____ = \$ _____
 Elderly Family _____ 400 x _____ = \$ _____

B. Total Deductions and Exemptions: \$ _____
 C. A - B = ----- Annual Income \$ _____
 D. C - 12 x 30% = Monthly Rent Rate \$ _____
 E. A - 12 x 10% = Minimum Gross Rent \$ _____
 F. Larger of D or E Total Tenant Payment \$ _____
 G. Utility Allowance for _____ Bedroom = \$ _____
 H. Tenants Contract Rent F - G = \$ _____

On the basis of the determination set forth herein, I hereby certify the family to be:

Eligible Eligible
 Ineligible Ineligible
 For Admission For Continued Occupancy

Signature of CHA Representative: _____
 Application Reviewed by: _____
 Date: _____ Time: _____
 Notes: _____

MARITAL STATUS:

Single Married Separated Divorced Widowed

*** Your Maiden Name: _____ If separated, divorced or widowed, from whom? _____ How Long? _____

Will size of household change within next 12 months? Yes No
If yes to above question, please explain: _____

Does anyone live with you now who is not listed above? Yes No
If yes to the above, list names: _____

Have you ever lived in Assisted Housing before? Yes No
If yes to the above, list where and when: _____
Under what name - who was head of household? _____

Has anyone in household ever been convicted of a felony? Yes No
If yes, whom and the nature of the felony: _____

Does anyone in your household now use a controlled illegal drug or is engaged in the sale or manufacture of an illegal drug? Yes No If yes, whom? _____
Have you or anyone living with you ever been evicted from any assisted housing program? Yes No If yes, whom? _____
When? _____

Do you currently owe money to any assisted housing agency? Yes No
If yes, whom? _____

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS:

I do hereby authorize the CORINTH HOUSING AUTHORITY to obtain a consumer report as defined in the Fair Credit Reporting Act, 15 USC Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity and general reputation or mode of living of applicants. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or termination of assistance. WARNING: **Title 18, section 1001 of the US Code, stated 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 or the US Department of Housing and Urban Development.

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.

Signature of Head of Household: _____

Signature of Co-Head: _____

Date: _____

If either Co-Head is not present, why? _____

**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)

THE HOUSING AUTHORITY OF
THE CITY OF CORINTH
P.O. BOX 1003
1101 CRUISE STREET
CORINTH, MS 38835
PHONE-662-287-1488 FAX-662-286-6951

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.

APPENDIX C. MODEL DECLARATION OF
SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury (1) that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (2); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under &101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) (3); or
 - Permanent residence under &249 of INA (4); or
 - Refugee, asylum or conditional entry status under &207, 208 or 203 of the INA (5); or
 - Parole status under &212(d)(5) of the INA (6); or
 - Threat to life or freedom under &243(h) of the INA (7); or
 - Amnesty under &245A of the INA (8).

Signature of Family Member

Date

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

City of birth

State of birth

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Corinth Housing Authority
1101 Cruise Street
Corinth, MS 38834
Phone 662-287-1489
Fax 662-286-6951

I do hereby authorize law enforcement agencies to release any complaint, criminal (felony), misdemeanor or traffic records which the Housing Authority of the City of Corinth may retain.

Name: _____ Date: _____
Signature: _____ Social Security Number: _____
Date of Birth: _____ Race: _____ Sex: _____

APPLICANTS- DO NOT WRITE BELOW THIS LINE

The above named person(s) is known by me or this agency: YES NO

If yes, please complete the following:

Felony arrest/conviction record found: YES NO

Is of good moral character: YES NO

The family causes neighborhood disturbances: YES NO

The family carries on activities which could adversely affect the health, safety and general welfare of others: YES NO

It is my belief that he/she would be a good tenant: YES NO

Remarks: _____

Signature: _____ Title/Position: _____

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Remarks: _____

Signature: _____ Title/Position: _____

Notes to all Applicants:

Reasonable Accommodations for Applicants with Disabilities

The Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, PHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to participate fully in a PHA's program. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering bath features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassette or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name _____ File _____
Interview Conducted By _____ Date _____

1. Will you, or any member of your family require any of the following:

- A separate bedroom
A barrier-free apartment
One-level unit
Other modifications to unit
Unit for Vision-Impaired
Unit for Hearing-Impaired
Bedroom & Bath on 1st floor
Extra Bedroom
Live In Attendant

2. Can you and all family members use the stairs unassisted? Yes No

If No, please indicate how the PHA should accommodate your family:

3. Will you or any of your family members need a live-in aide to assist you? Yes No

If Yes, please explain

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.

5. What is the name of the family member needing the features identified above?

Whom should we contact to verify your need for a special apartment?

Name _____

Address _____ Phone # _____

Applicant Signature _____ Date _____

CORINTH HOUSING AUTHORITY

1101 Cruise Street
CORINTH, MS 38834
PHONE: 662-287-1489
FAX: 662-286-6951

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize any agencies, offices, groups, organizations or business firms to release to the Corinth Housing Authority any information deemed necessary to complete my application and/or maintain my continued eligibility in the public housing program. These organizations include, but are not limited to: financial institutions, child support payers, employment security commissions, past or present employers, Social Security Administration, Veterans Administration, Department of Human Services, Chancery Clerks, Circuit Court Clerks, utility companies, Worker's Compensation payers, public and private retirement systems.

This authorization shall continue from the date of signature and until such time the housing authority of the City of Corinth is notified in writing that the authorization is cancelled.

Signed: _____ Signed: _____

Social Security #: _____ Social Security #: _____

Date: _____ Date: _____

CHA Representative: _____

Date: _____



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$ 10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing The Application When you answer application questions, you must include the following information:

- Income**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
 - Any money you receive on behalf of your children (child support, social security for children, etc.);
 - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
 - Earnings from second job or part time job;
 - Any anticipated income (such as a bonus or pay raise you expect to receive)
- Assets**
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:
 HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



ACKNOWLEDGEMENT OF HUD 1140-OLG

I recieved on this the _____ day of _____, 200____, a copy of
HUD 1140-OLG "Things You Should Know".

I have read the two page documentation and understand the contents therein,
I understand the subject concerning the information I must provide for
assisted Housing and the penalties that will apply if I omit information or
give false information.

Signature

Date

THE HOUSING AUTHORITY OF THE CITY OF CORINTH
1101 CRUISE ST.
CORINTH, MISSISSIPPI 38834
PHONE 662-287-1489 FAX 662-286-6951

DATE: _____

TENANT: _____

LANDLORD: _____ S.S. # _____

ADDRESS: _____

The above named individual has applied for low-income housing. He/She has given your name as a former/present landlord reference. We would appreciate it if you would complete the following questionnaire. Please return this form within (10) ten days from the above date in the enclosed self-addressed, stamped envelope.

Authorization to release information:
Applicant Signature: _____

ATTENTION APPLICANT: DO NOT WRITE BELOW THIS LINE

FOR LANDLORD USE ONLY

1. How long were they in residence? From: _____ To: _____

2. Were there people who lived in the household that were not on the lease? Yes: _____ No: _____

3. How did they pay their rent? On Time: _____ Late: _____

4. Would you rent to Him/Her again? Yes: _____ No: _____

5. How did He/She keep the premises? _____

6. Were they considerate of their neighbors? Yes: _____ No: _____

7. Did they have loud parties? Yes: _____ No: _____

8. Was the tenant required to perform community service? Yes: _____ No: _____

If so, default hours. _____

9. Did the tenant damage your property beyond the due-to-normal wear and tear? Yes: _____ No: _____

If yes, explain: _____

10. Was the unit left in good condition? Yes: _____ No: _____

If no, explain: _____

11. Did you refund the security deposit? Yes: _____ No: _____

If not, why?: _____

12. Amount of rent paid: \$ _____ Balance left owed, if any \$ _____

13. Comments: _____

Landlord's Signature: _____ Telephone # _____ Date: _____