



**LANDLORD VERIFICATION FORM**

**FAX # (352) 225-3584**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Are you a relative or 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 late? [ ] Yes [ ] No

How late? \_\_\_\_\_ How Often? \_\_\_\_\_

D. Have (Had) you even 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 even been disconnected? [ ] Yes [ ] No

**2. Caring for 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 damages? [ ] 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**

A. Is (Was) the applicant listed on the lease for the unit?  Yes  No

B. Does (Did) the applicant permit persons other than those on the lease to live in the unit on a regular basis?  Yes  No  
Describe: \_\_\_\_\_

C. Has (Had) the applicant, family members or guests damaged or vandalized the Common areas?  Yes  No  
If yes, Describe: \_\_\_\_\_

D. Does (Did) the applicant, family members or guests create any physical hazards To the project or other residents?  Yes  No  
If yes, Describe: \_\_\_\_\_

E. Does (Did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?  Yes  No

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, described \_\_\_\_\_

H. Has (Had) the applicant, family members or guests acted in a physically violent and or verbally abuse 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** \_\_\_\_\_

**Applicant Release: I** \_\_\_\_\_ **hereby authorize the release of the requested information**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Applicant**