

Kathy Richards Management

201 South Curry Street • Ironwood, Michigan 49938

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Equal Housing Opportunity



the
"CAREtakers"



This institution is an equal opportunity provider and employer.

LANDLORD REFERENCE CHECK VERIFICATION

NAME: _____ DATE: _____ TIME: _____

COMPANY/RELATIONSHIP: _____ APPLICANT: _____

TELEPHONE #: _____ DEVELOPMENT NAME: _____

ADDRESS (IF MAILING): _____

I authorize Kathy Richards Management, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

Signature Date Signature Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank"

TO BE COMPLETED BY LANDLORD:

Dates of residency: From _____ to _____. Total number of months _____

1. Did the resident pay their rent on time? _____
If the resident was late on the rent, how late? _____
How often? _____ Comments _____
2. How much rent was paid each month by this resident? _____
3. Did you receive a security deposit? _____
How much of it was returned to the resident? _____
4. Did the resident, their guests, or their family damage the apartment or the property? _____
Did they pay for the damages? _____ Amount of damages \$ _____
5. Were the police ever called as a result of a disturbance? _____ Date _____
Comments: _____
6. Were there problems with the neighbors? _____
7. Does the resident have pets or other potential problems that may be important for a landlord to know? _____
8. Did the resident violate the lease agreement in any way? _____
Comments: _____
9. Did the resident give you proper notice for vacating? _____
Reason for leaving? _____
10. Would you re-rent to this resident? _____
11. What previous address do your records indicate? _____

COMMENTS: _____

Signature: _____ Date: _____

Title: _____ Company: _____

(Over)

030-10/10

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD, and any 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 this verification form is restricted to the purposes cited above. 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 \$5,000.00. 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, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208(a) (6) (7) and (8).** Violations of these provisions are cited as violations of 42 USC Section **408 (a) (6) (7) and (8).**

**TDD NUMBERS: Michigan 800-649-3777
Wisconsin 800-947-3529**

Illinois 800-526-0857

**Ohio 800-877-8339
Indiana 800-743-3333**

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.