

LANDLORD VERIFICATION

To: _____

Date: _____

Re: _____
Name

Phone: _____

Fax: _____

Residence Address _____

The above referenced individual is an applicant for housing owned by _____

We ask that you complete and return this form to our office promptly so that we may certify this applicant for housing. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party.

Your prompt return of this information is appreciated. Please fax this completed form back to FAX # shown above, and return the original by mail. A self-addressed, stamped return envelope is enclosed.

Sincerely,

I authorize the release of the requested information.		
_____ PRINT NAME	_____ SIGNATURE	_____ DATE

THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.

Address: _____

Did the Household commit any major lease violations: _____

Please explain:

Date

Printed Name

Signature

Title (Relationship to resident)

Telephone Number