

Sleepy Eye Housing Authority ~ Ross Park Apartments

313 4th Ave. SE
Sleepy Eye, MN 56085

507-794-5101 phone
507-794-5109 fax
sehra@sleepyeyetel.net

RENTER'S VERIFICATION FORM

APPLICANT: Please fill out the top portion of this form; sign and date it. Return this form to the Ross Park Office and we will then forward this on to your most recent landlord for their completion.

Name: _____

Most Recent Landlord's Name: _____

Landlord's Street Address: _____

City, State, Zip: _____

Landlord's Phone Number: _____

Permission for the Release of Information:

I authorize you to furnish the information requested below to the Sleepy Eye Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that doing so may affect my eligibility for admission.

Applicant's Signature

Date

LANDLORD: Please provide the following information regarding the above listed applicant, sign and date and return this completed form to the Ross Park office.

Address of Unit Rented: _____

Date of Occupancy: From _____ To _____

Amount of Rent Paid: \$ _____ per _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

YES NO

1. Did/does the above named individual or family:

A. Pay their rent on time? _____

If no, average number of days late: _____

B. Pay utilities promptly? _____

Continued on Back

	YES	NO
C. Take proper care of the unit to avoid unsanitary conditions or damage beyond normal wear and tear?	_____	_____
D. Take good care of the exterior (cut grass, shovel snow, etc.) if required by the lease or agreement?	_____	_____
E. Ever have pets in the unit without your knowledge or consent?	_____	_____
F. Allow only their family members, or those listed on the lease, to live in the unit?	_____	_____
G. Have their guests refrain from making noise or creating incidents that disturb their neighbors?	_____	_____
2. Are you aware of any activity involving physical violence to persons or property and other acts that would adversely affect the health, safety or welfare of other tenants? Drug or alcohol related problems?	_____	_____
If yes, provide details: _____		

3. If the tenant has vacated your unit, did they give the required notice?	_____	_____
4. If the tenant has vacated your unit, did they leave the premises in acceptable condition?	_____	_____
5. Does the renter owe you any money under the lease?	_____	_____
If yes, is the renter making payments?	_____	_____
6. Would you rent to this tenant again?	_____	_____

Comments: _____

Landlord's Signature

Date

Please return via email to sehra@sleepyeyetel.net, fax to 507-794-5109 or mail to Executive Director, 313 4th Ave SE, Sleepy Eye MN 56085.

We appreciate your cooperation. If you have any questions regarding this form, please contact the Executive Director, Sleepy Eye Housing Authority/Ross Park Apartments.