

# Sleepy Eye Housing Authority ~ Ross Park Apartments

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Sleepy Eye, MN 56085

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## Renter's Verification Form

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

**Landlord:** \_\_\_\_\_ **Tenant:** \_\_\_\_\_

**Landlord Address:** \_\_\_\_\_ **Landlord Phone:** \_\_\_\_\_  
\_\_\_\_\_

### 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 Signature Date

\*\*\*\*\*

Address of Unit Rented: \_\_\_\_\_

Dates 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? \_\_\_\_\_
  - 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 noises or creating incidents that disturb their neighbors? \_\_\_\_\_

**Continued on Back**

- |  | <u>YES</u>     | <u>NO</u>      |
|--|----------------|----------------|
| 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?<br>If yes, provide details: _____<br>_____<br>_____ | _____          | _____          |
| 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?<br>If yes, is the renter making payments?  | _____<br>_____ | _____<br>_____ |
| 6. Would you rent to this tenant again?  | _____          | _____          |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Landlord Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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