



HOUSING AUTHORITY CITY OF ELKHART

1396 BENHAM AVENUE

ELKHART, INDIANA 46516
WWW.EHAI.ORG

(574) 295-8392
FAX (574) 293-6878

**Terry Walker,
Executive Director**

EST. 1962

LANDLORD VERIFICATION FORM

Name of Landlord: _____

Address: _____ Phone: _____

City _____ State _____ Zip _____

Release: I agree to have the following requested information released.

Name of Applicant (print): _____

Signature _____ Date _____

Landlord: The above applicant has applied for housing. Please complete the following information on this form and return in the enclosed self-addressed envelope. Thank you.

Are you a relative or friend of the applicant? If so, please describe relationship: _____

Current Landlord: _____ Former Landlord: _____ Other: _____

Address of premises rented: _____

Dates of Tenancy: From: _____ to: _____

Rent Amount: \$ _____ Does/Did the applicant pay on time? Yes ___ No ___

How often was the applicant late? _____

Does the applicant have an outstanding balance? Yes ___ No ___

If "Yes" What is the outstanding balance owed? _____

Does/Did the applicant keep the unit clean and sanitary? Yes ___ No ___

Is/was there Damage to the apartment? Interior ___ Exterior ___

Describe: _____

Does/Did the applicant have problems with infestation? Yes ___ No ___

Does/Did the applicant permit persons not reported to live with them? Yes ___ No ___

Describe: _____

Is/Was the applicant household members or guests disturbing to other tenants?

Yes ___ No ___ Describe: _____

Are/Were there any problems with the police? Yes ___ No ___ Describe: _____

Was there ever an eviction notice served on the tenant? Yes ___ No ___

Why? _____

Was the tenant evicted? Yes ___ No ___ Why? _____

Would you rent to this applicant again? Yes ___ No ___ If not, why? _____

Additional comment(s), if any: _____

Signature of Landlord

Date

Name if verification via phone

Date

EHA Rep: _____



Equal opportunity for housing and employment

