

(Applicants only fill out lines A. and B. The rest of this form must be returned blank.)

A. \_\_\_\_\_  
Applicant Name                      Address                      City                      State                      Zip

The above applicant has filed an application for Low Rent Public Housing with our office. In order to establish his or her eligibility, as part of the application, the reference of past or current residency in one of your properties is needed for the above applicant. We would appreciate your courtesy in answering the criteria below and returning it in the enclosed envelope.

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Sincerely,  
Rodney Hampton-Executive Director  
Marmaduke Housing Authority  
957 Lillian Blvd.  
Marmaduke, AR 72443  
Phone (870)597-4352 / fax (870)597-2913

You are authorized to supply the information requested below to the Marmaduke Housing Authority. This is to determine my, eligibility for Low Rent Public Housing.

B. \_\_\_\_\_  
Applicant Signature                      Date                      SS#

Landlord's Report: Name of Tenant \_\_\_\_\_

Address of Property Occupied \_\_\_\_\_

When did the tenant occupy the above property? \_\_\_\_\_

Was rent paid on time? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the tenant owe you any money? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much and what is the money owed for please explain. \_\_\_\_\_

Was the inside and outside of the property kept clean? Yes \_\_\_\_\_ No \_\_\_\_\_

Relationship with neighbors: Good \_\_\_\_\_ Bad \_\_\_\_\_

Was there any damage to the property? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for moving? \_\_\_\_\_

If public housing does the above person or any other adult living with them owe community service hours? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Who and How many hours? \_\_\_\_\_

Please list all adult living in the home. \_\_\_\_\_

\_\_\_\_\_  
Property Owner or Landlord Signature                      Date