(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.

****

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