

(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