

Filling-Out the Landlord Reference Verification Form

Please do not fill-out the following form!

All you need to do is print the form and then sign and date it, where stated, at the bottom.

Signing this form gives us permission to contact and obtain the information asked for on this form from the Landlord Reference(s) you have noted on your Application.

You can return this form, signed and dated, with your completed Application. This is especially important if you are mailing-in your Application.

(Remember: if you mail-in your Application or drop it in our after-hours drop box, your Application must be notarized! Failure to do so will delay the processing of your Application).

(Applicants with no Landlord history listed on your Application do not need to print or use this form).

If you have any questions, please call Affinity Orchard Place Apartments at 585-225-8150. We are open Monday – Friday, 10 am – 5 pm (Eastern Time) and Saturdays, 10 am – 3pm.

Thank you!

VERIFICATION OF LANDLORD

DATE: _____

TO: _____

FROM: Affinity Orchard Place Apartments
One Affinity Lane
Rochester, NY 14616
Phone – 585.225.8150 FAX – 585.225.3841

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED:

Address of apartment/house rented/lived in _____

Dates that applicant rented from you or lived with you: _____ From _____ To _____
(Month/Year) (Month/Year)

Is/Was resident receiving subsidized housing assistance? _____ Yes _____ No

If Yes, what type? _____

**If the resident is receiving property-based Section 8 assistance at your property, what is the last day subsidy will be collected? _____

1. Rent Payment

- a. Does applicant pay rent? _____ Yes _____ No
- b. If YES, is/was applicant current on rent? _____ Yes _____ No
- c. Has applicant been late paying rent in the last 12 months? _____ Yes _____ No
- d. If late, what are the dates of late payments? _____

e. Has applicant incurred legal fees for late rental payments? _____ Yes _____ No

2. Caring for the Unit

- a. Does/Did the applicant keep the unit clean? _____ Yes _____ No
- b. Has the applicant damaged the unit? _____ Yes _____ No
Describe _____
- c. If YES, did applicant pay for the damages? _____ Yes _____ No
- d. Will/Did you keep any of the security deposit? _____ Yes _____ No

3. General

- a. Does/Did applicant permit persons other than those on the lease to live in the unit? _____ Yes _____ No
- b. Has the applicant or applicant's family damaged or vandalized any common areas? _____ Yes _____ No
- c. Does/Did the applicant create any physical or social hazards to the unit or other residents? _____ Yes _____ No
- d. Does/Did the applicant interfere with the rights and quiet enjoyment of other residents? _____ Yes _____ No
- e. Has the applicant ever given you any false information? _____ Yes _____ No
Describe _____

f. Would you rent to this applicant or allow applicant to live with you again? _____ Yes _____ No
If Not, why? _____

NAME AND TITLE OF PERSON SUPPLYING INFORMATION _____

FIRM/ORGANIZATION _____

SIGNATURE _____

DATE _____

PHONE NUMBER _____

APPLICANT: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 5 years.

APPLICANT SIGNATURE _____

DATE _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that if a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner), may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.