

# CURRENT/FORMER LANDLORD VERIFICATION

**Date:** \_\_\_\_\_

**TO:** *Landlord Information*  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Tel#:** \_\_\_\_\_  
**Fax#:** \_\_\_\_\_

**FROM:** Palms Retirement Center  
 525 E. Davis Street  
 Harlingen, TX 78550  
 (956) 421-4331  
 (956) 423-0522 (FAX)  
 (800) 735-2989 (TTY)

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

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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 address listed above. Your prompt return will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope, or FAX to the number listed above. The applicant has consented to the release of this information as shown below.

Name of Owner/Management agent of the property: \_\_\_\_\_

	<u>Yes</u>	<u>No</u>
Are you a relative or friend of the above named person?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe relationship: _____		

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_  
 Name/Address of Property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	<u>Yes</u>	<u>No</u>
Rent Payment: Is (was) applicant current on rent?	<input type="checkbox"/>	<input type="checkbox"/>
Has applicant ever been late? If yes, how late? _____	<input type="checkbox"/>	<input type="checkbox"/>
How many times? _____		
Have you ever begun eviction proceedings for non-payment?	<input type="checkbox"/>	<input type="checkbox"/>
Any checks returned for non-sufficient funds?	<input type="checkbox"/>	<input type="checkbox"/>

Care of Unit:	Unit kept clean, safe and sanitary?	<input type="checkbox"/>	<input type="checkbox"/>
	Any damage to the unit? If so, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Cost of repairs: _____ How often? _____		
	Will (did) you keep any of the security deposit?	<input type="checkbox"/>	<input type="checkbox"/>
	Was there any problem with rodent/insect infestation?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, was housekeeping a factor? _____		



	<u>Yes</u>	<u>No</u>
General: Were unauthorized persons allowed to reside in the unit?	<input type="checkbox"/>	<input type="checkbox"/>
Has the resident, family members or guests engaged in criminal activity, including drug related activity, on your property?	<input type="checkbox"/>	<input type="checkbox"/>
Has the resident acted in a violent and/or verbally abusive manner toward neighbors or staff?	<input type="checkbox"/>	<input type="checkbox"/>
Does (did) the resident interfere with the rights and quiet enjoyment of other tenants?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe: _____ _____		
If applicable, did the resident give the required notice to vacate?	<input type="checkbox"/>	<input type="checkbox"/>
Has (had) the resident given you any false information?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe: _____		
Would you rent to this applicant again?	<input type="checkbox"/>	<input type="checkbox"/>
If no, please explain: _____ _____		

\_\_\_\_\_  
Print Name of Person Supplying Information

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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 12 months. There are circumstances which would require the Owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that 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 from 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. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f) (g) and (h).

