

### Landlord Reference Questions

Applicant name(s) \_\_\_\_\_

Address of unit \_\_\_\_\_

Current location

Previous location, from \_\_\_\_\_ to \_\_\_\_\_

Owner/manager of unit \_\_\_\_\_

Name of person answering questions:			
Was rent paid on time?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Was the tenant ever served an eviction notice?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Was the tenant ever evicted in court? If so, why?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
How much did the tenant pay for rent?	\$ _____		<input type="checkbox"/> n/a
Did the tenant pay for utilities?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Did the tenant and/or guests cause any damage to the apartment?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
If the tenant and/or guests caused damages, did they pay for the damages? <small>(Domestic violence victims are protected by Fair Housing laws.)</small>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Did the tenant and/or guests interfere with the rights and/or quiet enjoyment of the other residents? <small>(Domestic violence victims are protected by Fair Housing laws.)</small>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Were the police ever called because of disturbances created by the tenant and/or guests? <small>(Domestic violence victims are protected by Fair Housing laws.)</small>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Did the tenant give proper notice of vacating?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Does this tenant owe you money?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Do you have any additional comments? Comments:	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Date of Interview: \_\_\_\_\_

Staff Initials: \_\_\_\_\_