## LANDLORD REFERENCE FORM

## NAME OF RENTAL DEVELOPMENT: PROMISE DEVELOPMENT CORPORATION

**TO CURRENT/PREVIOUS LANDLORD:** The renter named below has applied for housing at the rental development named above, which is a Low Income/Affordable Housing Development. As managing agents, we need your help in answering the following questions; your answers will be used to help determine the renters eligibility. Thanks you for your cooperation. Please fax this form to (901) 800-1405.

Sig	nature of owner of managing agent	Phone Nu	mber	Date			
Ap	plicant's Signature			Date			
Co-	-Applicant's Signature			Date			
Му	v/our signature(s) as an applicant (s) authorize the	release of the above	information.				
Renter's Name:		Landlord'	s Name:				
Renter's Address:		Landlord's Address:					
The	e following is to be completed by the Landlord:						
1.	When did they rent this property?	From:Month/Day/		To:Month/Day/Year			
2.	Do they still live here now?						
3.	Name of persons who signed lease (including owner or managing agent)						
4. 5.	Who lived at this address?Are you related to them or anyone in their hous						
6.	What type of structure? House	Apartmen	t	Room			
7.	What was their monthly rent? \$	_					
8.	· -	Amount refunded to them? \$					
9.	Why did they move?						
	Did they give proper notice before moving out?						
	What are their overall housekeeping habits?						
12.	Was the property left in rentable condition after	they moved?	Yes	No			
13.	Was the property damaged during their stay?	Yes	No				
14.	Did they have pets? Yes	No					
15.	Did they get along with their neighbors?						
16.	Were they responsible for paying their own hea	t and lights?	Yes	No			
17.	DO you own this rental property listed above?	Yes	No				
18.	If no, who is the owner?						
19.	Would you rent to them again? Yes	N	lo				
20.	Additional comments:						
Na	me of Person Completing Form	Т	itle		Date		



Corporation

Promise Development Corporation 262 Chelsea Ave. Suite 101 Memphis, TN 38107

Phone: 901-800-1404, Fax: 901-800-1405 Email: <a href="mailto:infor@pdevcorp.org">infor@pdevcorp.org</a> Website: www.pdevcorp.org **Employment Verification** 

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT

TO: (Name & Address of Employer)		Date:			
RE:					
Applicant Name	Social Security	y Number	Unit No.		
I hereby authorize release of my employm	nent information.				
Signature of Applicant		-	Date		
The individual named directly above is an provided will remain confidential to satisf	faction of that stated purpose only. You	ir prompt response	is crucial and greatly appreciated.		
THIS SE	CTION TO BE COMPLETED	D BY EMPLOY	/ER		
Employee Name:	Job Title:				
Presently employed: Yes Date Firs	t Employed	No Last Da	te of Employment		
Current Wages/Salary: \$	(Circle) Hourly Weekly Biweekl	y Semimonthly	Monthly Annually Other		
Average No. of regular hours per week: _	Year to date earn	ing: <u>N/A</u> 1	hrough		
Overtime Rate: \$ per h	nour Average number of overting	me hours per week:			
Shift Differential Rate: \$ pe	er hour Average number of shift d	ifferential hours pe	r week:		
Commissions, Tips, Bonuses: \$	(Circle) Hourly Weekly	Biweekly Semim	onthly Monthly Annually Other		
List any anticipated change in the employ	ee's rate of pay within the next 12 mor	nths:			
	Effective date of chan	ge:			
If the employee is work seasonal or spora Additional Remarks:	dic, please indicate the layoff period(s)	):			
Employer's Signature	Employer's Printed Name		Date		
	Employer (Company) Name and	Address			
Telephone Number	Fax Number	E-mail A	ddress		

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department of Agency f the United States as to any matter within its jurisdiction.