

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

HOUSING AUTHORITY OF THE TOWN OF SALEM
70 Telfer Circle
Salem, NH 03079

Date: _____
App.# _____

PUBLIC HOUSING APPLICATION

(Elderly and/or Disabled Only)

Name: _____ Phone # _____
Address: _____
Mailing address (if different from above): _____

Please complete the information below for all individual members of the household applying for occupancy (additional persons may be listed on a separate sheet – including dependents/minors)

Head of Household

Name: _____ Age _____ Date of Birth _____ Sex _____
Social Security #: _____ Place of Birth _____
(City, State, Country)

Spouse/Other Adult Applicant

Name: _____ Age _____ Date of Birth _____ Sex _____
Social Security #: _____ Place of Birth _____
City, State, Country)

Monthly Gross Income:

Wages (Head)	\$ _____
Wages (Spouse)	\$ _____
Social Security (H)	\$ _____
Social Security (S)	\$ _____
S SI/Welfare	\$ _____
VA Pension	\$ _____
Other Pension	\$ _____
IRA/Annuity Dist.	\$ _____
Other	\$ _____

Asset Information:

Please list bank name, balance and rate of interest for each account.

_____	\$ _____	# _____	% _____
_____	\$ _____	# _____	% _____
_____	\$ _____	# _____	% _____
IRA/Keough	Value	\$ _____	
Stocks/Bonds	Value	\$ _____	
Cash Value Life Insurance		\$ _____	
Net Real Estate	Value	\$ _____	
Other	_____		

TOTAL ASSETS \$ _____

Have you disposed of any assets (investments, real estate etc.) during the two-year period prior to the date of this application? Yes _____ No _____

If yes, please explain: _____

Applicant Information (for statistical purposes only):

Number of Household members (applying for occupancy): _____
Number of Dependents (in applicant household): _____
Race: White _____ Black _____ American Indian/Native Alaskan _____ Asian/Pacific Islander _____
Ethnicity: Hispanic _____ Non-Hispanic _____

Present Housing Conditions:

Do you own your own home or mobile home? Yes _____ No _____
If yes, what is the assessed value of the home? \$ _____
Amount of Mortgage: \$ _____

Are you renting? Yes _____ No _____ \$ _____ Rent per month
Are you living with or renting from family/friends? Yes _____ No _____
Are you receiving any type of housing assistance? Yes _____ No _____
If yes, what type of housing program? _____
If no, have you previously received such assistance? Yes _____ No _____
If so, what type of housing program? _____

General Information:

If not currently residing in Salem, are you a former Salem NH resident? Yes _____ No _____
Do you have a son or daughter who lives in Salem? Yes _____ No _____
If yes, please state name and relationship: _____
If applicable, is your only-living relative a resident of Salem? Yes _____ No _____
If yes, please state name and relationship: _____
Do you own a car? Yes _____ No _____
Do you own a pet? Yes _____ No _____ If yes, type of pet: _____

Unit Requirements:

Do you require a first floor (downstairs) unit? Yes _____ No _____
Do you require a handicap (wheelchair accessible) unit? Yes _____ No _____
Do you require two bedrooms? ** Yes _____ No _____

**Note: one-person households may not occupy a two-bedroom unit — also, married applicants must be able to document medical necessity for two bedrooms (per a physician).

Contact Information:

Do you wish to designate a person(s) who may make inquiries about your application on your behalf?
Yes _____ No _____ If yes, state name: _____

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Your signature below signifies that the information provided in this application is true and complete to the best of your knowledge:

SIGNATURE (Head of Household): _____ Date: _____

SIGNATURE (Spouse/Other Applicant): _____ Date: _____

PLEASE CONTINUE ON NEXT SIDE

THE HOUSING AUTHORITY OF THE TOWN OF SALEM
Salem, New Hampshire

CONSOLIDATED CONSENT AND RELEASE FORM

CONSENT FORM

I (We), the undersigned understand that in connection with my (our) Application for Admission to, or continued participation in, as Assisted Housing Program, certain documentation and/or verification of information is required by federal, state or local laws to be obtained by The Housing Authority.

I (We) further understand that the Housing Authority of the Town of Salem is bound by federal regulations to obtain said documentation and/or verification of information.

Therefore, I (We) authorize any designated staff member of The Housing Authority of the Town of Salem to consult with, or contact and make inquiries of, employers, social workers, social service agencies, federal, state or local law. I (We) understand that the information obtained SHALL BE USED SOLELY FOR THE PURPOSE OF DETERMINING MY (OUR) ELIGIBILITY FOR ADMISSION TO, OR CONTINUED PARTICIPATION IN , as Assisted Housing Program administered by The Housing Authority of the Town of Salem

_____ Applicant/Tenant _____ Date _____

_____ Applicant/Tenant _____ Date _____

DISCLOSURE AUTHORIZATION FORM

I (We) hereby authorize the disclosure from The Housing Authority of the Town of Salem of information, data, documents, files, and records which may have been supplied by me us), or obtained by direct inquiry, or obtained through third-party query methods, to any federal, state, or local instrumentality deemed by the Executive Director to be ENTITLED TO BE A RECIPIENT OF SUCH CONFIDENTIAL INFORMATION/DATA to carry out its functions in accordance with federal, state or local laws.

_____ Applicant/Tenant _____ Date _____

_____ Applicant/Tenant _____ Date _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the US. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury ¹, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. *Attach evidence of proof of age*² or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). *Attach INS document(s) evidencing eligible immigration status and signed verification consent form.*
 - ☐ Immigrant status under §§101(a)(15) or 101 (a) (20) of the Immigration and Nationality Act (INA) ³; or
 - ☐ Permanent residence under §249 of INA ⁴; or
 - ☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA ⁵; or
 - ☐ Parole status under §§212(d) (5) of the INA ⁶; or
 - ☐ Threat to life or freedom under §243(h) of the INA ⁷; or
 - ☐ Amnesty under §245A of the NA ⁸;

Signature of Family Member: _____ Date: _____

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

[See reverse side for footnotes and instructions]

1. Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizen who declare eligible immigration status in one of the following categories:

2. Eligible immigration status and 62 years of age or older. For non-citizen who are 62 years of age or older or who will be 62 years of age or older receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3. Immigrant status under §§101(a) (15) or 101(a)(20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA). an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a non-citizen admitted under §§1210 or 210A of the INA (8 U.S.C 1160 or 1161), [special agricultural worker status]. who has been granted lawful temporary resident status.

4. Permanent residence under §249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under *249 of the INA (8 U.S.C 1259) [amnesty granted under INA 249].

5. Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

6. Parole status under §212(d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C 1181 (d)(5) [parole status].

7. Threat to life or freedom under § 243 (h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C 1253(h)) [threat to life of freedom).

8. Amnesty under §245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C 1255a) (amnesty granted under INA 245A).

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "check mark" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "check mark" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



Commissioners
George E. Maihos, Chairman
Virginia E. Consoli, Vice-Chairman
Mary Frances Renner
Georgette Smith
Lorraine Thibault, Resident

Dear Applicant:

Thank you for your interest in our public housing program (for elderly and/or disabled applicants only). Our facilities and services are provided on a non-discriminatory basis, and occupancy in our units is restricted to those who meet eligibility criteria. In order to determine your eligibility, in accordance with federal regulations, you must complete, sign and return the attached forms to our office.

The following documents must be included as part of your complete application:

- Signed & Dated Application form (completed on both sides)
- Signed Privacy Act Notice and Consent and Release form
- Signed Notice of Section 214 Requirements
- Copies of Social Security cards for all household members (over the age of six years) applying for occupancy (or other written verification to document Social Security numbers)

Once received, your application will be reviewed for completeness and to determine eligibility. You will receive a reply by mail. The Housing Authority may, at any time, require you to submit verification or documentation of information provided on your application.

It is the applicant's responsibility to ensure that requests for information are responded to in a timely manner, and to keep the Housing Authority informed of changes in address, income or other circumstances that may affect status or eligibility.

Important: If you require assistance from an outside party to handle your application and communications, please include such information with your application form (i.e. if notices or forms should be mailed to a designated individual). If you wish to designate a person(s) who may make inquiries to our office on your behalf, please specify name where indicated on the application form.

Information regarding our policies for tenant selection and assignment of units are available for review during regular business hours (Monday through Friday 8:00 am — 4:00 pm). Questions or concerns may be directed to the Housing Authority office at the telephone number below.

FREQUENTLY ASKED QUESTIONS

- Q. After I turn in my application, how long before I get a response?**
A. Generally within one to two weeks. We may also request additional information.
- Q. Will I be contacted when an apartment is becoming available?**
A. As soon as a unit is available of the appropriate size/type, you will be contacted.
- Q. Do you allow pets?**
A. Yes, with certain restrictions (only one per unit and within certain size).
- Q. What happens if I am offered a unit and I refuse the offer?**
A. You may refuse once without changing your status on the waiting list. A second refusal results in removal from the list.
- Q. Do political contacts have any influence on the waiting list?**
A. No. Our agency must comply with strict regulations regarding tenant selection.
- Q. Does the Housing Authority receive any Town or State money?**
A. No. The public housing program receives federal subsidies; however, we are not a federal agency.
- Q. How much is the rent? Are utilities included?**
A. Rent is based on the household income, so each resident's rent is different. Utilities vary depending on the facility.
- Q. Is there a limit to how much money I can have in the bank?**
A. There are no asset limits in our public housing program, only income limits.
- Q. Do I have to sell my house to qualify?**
A. No.
- Q. Is my application kept confidential?**
A. Yes. Only authorized Housing Authority personnel, HUD personnel and our auditors have access to such information. Information is not disclosed or released without proper authorization from the applicant.

***PLEASE DETACH THIS FORM BEFORE RETURNING
APPLICATION***

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A