

LANDLORD REFERENCE
for DOGWOOD TERRACE APARTMENTS

To: _____

Applicant's Name: _____ SSN# _____
_____ SSN# _____

Applicant's Current Address _____

The family/individual named above has made an application for housing. The information requested will be held in confidence and will be used to determine the eligibility of the above named applicant. Please complete the applicable portions and return to us by mail or by fax. Thank you.....

I/We hereby authorize the release of the requested information regarding my/our rental history.

_____ Signature	_____ Date
_____ Signature	_____ Date

LANDLORD USE ONLY

Date of Residency: _____ to _____

1. Rent Payment:
 - a. Is/was applicant current on rent? _____
 - b. Has applicant ever been late paying rent? _____
 - c. If late, how often? _____ Balance currently owed: \$ _____

2. Caring for the Unit:
 - a. Does/did Applicant keep the unit clean? _____
 - b. Rating: _____ Poor _____ Fair _____ Average _____ Good _____ Excellent
 - c. Has Applicant damaged the unit? _____ Amount of damages: \$ _____
If yes, please describe: _____
 - d. If yes, did Applicant pay for the damages? _____
 - e. Will/did you keep any of the security deposit? _____

If the answer is yes to any of the following: Please describe:

3. General
 - a. Does/did Applicant permit persons other than those on the lease to live in the unit?

 - b. Has Applicant or Applicant's family/guests damaged or vandalized any common area?

 - c. Does/did Applicant interfere with the right and quiet enjoyment of other residents?

 - d. Does/did Applicant create any physical or social hazards to the unit or to other residents?

 - e. Would you re-house to this Applicant again? _____ Yes _____ No
If the answer is no, why not? _____
 - f. Have you ever begun eviction proceeding for any lease violation or non-payment of rent for this Applicant?
_____ Yes _____ No If yes, please explain: _____

_____ Landlord Signature	_____ Date	_____ Telephone Number
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Mail or fax back to: **Dogwood Terrace Apartments, P. O. Box 536, Big Stone Gap, VA 24219**
Telephone: (276) 523-4788 Ext. 100, Fax: (276) 523-5141