## LANDLORD REFERENCE

## for MUTUAL APARTMENTS

• • • • • • • • • • • • • • • • • • • •				
Applicant's Name:			SSN#	
			SSN#	
Applic		s Current Address		
confide and ret	nce	e family/individual named above has ma and will be used to determine the eligibi to us by mail or by fax. Thank you	le an application for housing. The information requested will be he ity of the above named applicant. Please complete the applicable p	ld in ortions
/We h	ereby	authorize the release of the requested	nformation regarding my/our rental history.	
		Signature	Date	
	•	Signature	Date	
1-m/			LANDLORD USE ONLY	PARTITION OF THE PARTIT
			· · · · · · · · · · · · · · · · · · ·	
Date of	Res	dency:to	,	
1.		nt Payment:	•	
	a.	Is/was applicant current on rent?		
	b.	Has applicant ever been late paying rer	tP	
	c.	If late, how often?	Balance currently owed: \$	
2.	Car	ing for the Unit:	•	
			?	
	b.	Rating: Poor Fair	Average Good Excellent	
	c.	Has Applicant damaged the unit?	Amount of damages: \$	
	·	If ves, please describe:	Amount of damages, w	
	đ.	If ves, did Applicant pay for the damag	es?	
	e.	Will/did you keep any of the security d	eposit?	
YC 45		•	·	
ıf tne a 3.		er is yes to any of the following: <u>Please</u> neral	describe:	
٠.	a.		er than those on the lease to live in the unit?	
	b,	Has Applicant or Applicant's family/gu	ests damaged or vandalized any common area?	
	c.	Does/did Applicant interfere with the r	ght 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 a If the answer is no, why not?	gain? Yes No	
	f.	Have you ever begun eviction proceeding Yes No If yes,	ng for any lease violation or non-payment of rent for this Applicant?	•
		You Have St.		
		Landlord Signature	Date Telephone Number	

Mail or fax back to:

Mutual Apartments, P. O. Box 536, Big Stone Gap, VA 24219 Telephone: (276) 523-4788 Ext. 105, Fax: (276) 523-5141