HIGGINSVILLE HOUSING AUTHORITY
419 FAIRGROUND AVENUE
HIGGINSVILLE, MO 64037
(660)584-3911

LANDLORD REFERENCE

Current/Prior Landlord _____

Address of Landlord _____

RE: Applicant/Resident _____

SS# of Applicant/s _____

Current/Prior Address _____

The above-named applicant/s has listed you as a reference in their application to rent a Public Housing unit. In order to determine their eligibility, we have obtained their written permission to allow you to provide us the information we need to determine eligibility. Please answer all applicable questions below. A self-addressed stamped envelope is provided for your convenience.

_____ _____

Date Applicant/s

1. Dates of occupancy: _____
2. Applicant's rent per month: _____
3. Was the applicant late with rent payment for over 30 days? ☐ Yes ☐ No if so, how often?

   _____
4. Does the applicant owe you many now? ☐ Yes ☐ No if so, how much do they owe?

   _____
5. Did the applicant keep the rented premises in a clean and orderly condition? ☐ Yes ☐ No
6. Did applicant or visitors engage in noisy or disruptive behavior ☐ Yes ☐ No

7. Were there damages done to the premises? ☐ Yes ☐ No if so, explain:

_____

_____

8. Did the applicant ever allow anyone not on the lease to share the residence without permission?

☐ Yes ☐ No

9. Would you rent to the applicant again? ☐ Yes ☐ No if no, explain:

_____

_____

_____ _____

Signature of Landlord Date

_____ _____

Title Agency