

Community Action Partnership of Strafford County

577 Central Avenue, Suite 10 Dover, NH 03820

Tel: (603) 435-2500 Fax: (603) 749-3718

LANDLORD REFERENCE FORM

TO: _____

RE: _____

To Whom It May Concern:

The above-named person has applied for assistance from our Housing Security Guarantee Program (HSGP). He/She has provided your name as a current/former landlord. We are requesting information regarding their rental history. Please take the time to answer the questions below and provide any additional comments. Thank you.

Client Authorization

I hereby authorize the release of this requested information to Strafford County Community Action Committee, Inc.

Client Signature

_____/_____/_____
Date

1. Address of Apartment _____
2. Applicant resided at your premises from ____/____/____ to ____/____/____
3. Amount of rent paid per month week \$ _____
4. Type of tenant: Excellent Good Fair Poor
5. Was rent paid in full? Yes No If "No", amount in arrears: \$ _____
6. Rent payment history: Excellent Good Fair Poor
Excellent = always paid on time *Good = if late or behind, always called and caught up quickly*
Fair = always struggling, but kept at it *Poor = late, behind, little effort*
7. Did tenant's household cause any significant damage? Yes No
If "Yes" brief description _____
8. Housekeeping: Excellent Good Fair Poor
Excellent = clean and tidy *Good = clean, not always tidy*
Fair = needs reminders for clean, give up on tidy *Poor = unclean and untidy*
9. Neighbor/Landlord relations: Excellent Good Fair Poor
Excellent = cooperative, honest, tactful, open, good communication skills with everyone
Good = talks to neighbors/landlord for resolutions, tries to work things out, fair in conflicts
Fair = tries to talk to neighbors but gives up. Avoids issues
Poor = doesn't try to talk; complains instead, petty, spiteful, creates or maintains feuds
10. Did (does) tenant have animals? Yes No If "Yes", what kind: _____
Were there any neighbor complaints about the animal(s) Yes No
Were sanitary conditions maintained for the animal(s)? Yes No
Was/were the animal(s) well cared for? Yes No
Did the animal(s) cause any damage to the apartment? Yes No
11. Did any unauthorized person(s) live in the unit for a substantial period (over 2 weeks)? Yes No
12. Would you rent to this applicant again? Yes No
13. Are you related to the tenant or any member of the tenant household? Yes No
If "Yes" please indicate the relationship: _____

Comments:

Landlord's signature

_____/_____/_____
Date

Phone Number