



LANDLORD VERIFICATION

To: [Empty box]

From: Staunton Redevelopment & Hsg Authority
900 Elizabeth Miller Gardens Drive
Staunton, VA 24401

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

Name: _____

Last 4 Digits of SSN: _____

Address: _____

This person has applied for housing assistance under a program of the US. Department of Housing and Urban Property (HUD) .

We ask your cooperation in providing the following information and returning it to the property’s rental office at the addressed indicated above. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant/resident has consented to this release of information as shown below and via the attached HUD 9887A.

Sincerely,

Property Manager

INFORMATION BEING REQUESTED

1. Date of Applicant’s Tenancy _____

Rent Payment

- 1. What is/was the current rent? \$ _____
- 2. Is/was the applicant current on rent? Yes No
- 3. Has he/she ever been late? Yes No
If yes, how often? _____ How Late? _____
- 4. Have you ever begun eviction proceedings for non payment? Yes No
- 5. Has he/she ever had an outstanding balance due? Yes No



Caring for the Unit

1. Does/did the applicant keep the unit clean? Yes No
2. Has/had the applicant damaged the unit?
If yes, describe? _____ Cost? _____ Yes No
3. Has/had the applicant paid for the damages? Yes No
4. Will you/did you keep any security deposit?
If yes, describe? _____ Yes No
5. Does/did the applicant have a pet? Yes No

General

1. Does/did the applicant permit persons other than those on the lease to live in the unit? Yes No
2. Has/had the applicant or family members damaged or vandalized the common areas? Yes No
3. Does/did the applicant create any physical hazards to the project or residents? Yes No
4. Does/did the applicant interfere with the rights and quiet enjoyment of other residents? Yes No
5. Has/had the applicant given you any false information? Yes No
6. Would you re-admit this applicant to your property?
If no, reason? _____ Yes No

PERSON SUPPLYING INFORMATION:

Name: _____ Title: _____
Date: _____

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE OF INFORMATION

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

