

EZION FAIR CDC & ENTITIES

1400 B Street * Wilmington, DE 19801

*Ph: 302.510.4548 Fax: 302.652.7071

www.ezionfairwholeness.org

AFFORDABLE SENIOR HOUSING LANDLORD REFERENCES FORM

(Please print clearly and respond to all fields)

Applicant Name: _____ Date: _____

Landlord: _____ Company: _____

Address of Residence: _____

Landlord Phone#: _____ Private: _____ Community: _____

Landlord Verification

(To Be Completed by Landlord Only)

How long has the applicant resided in the property?: Years: _____ Months: _____

Are you aware of any evictions or is eviction pending with you? Yes: _____ No: _____

If yes, please explain: _____

Has the applicant ever willfully and/or intentionally refused to pay rent when due?

Yes: _____ No: _____ **If yes, please explain:** _____

Has the applicant permitted any extended stays on the property? Yes: _____ No: _____

If yes, please explain: _____

Has the applicant caused any physical, mentally or emotionally disruptions while residing in the

property? Yes: _____ No: _____ **If yes, please explain:** _____

The applicants standing on you property is: Outstanding _____ Good: _____ Fair: _____ Poor: _____

Please explain: _____

Signature: _____ Date: _____

Title: _____ Phone#: _____