

5 2 5 S O U T H L A W R E N C E S T R E E T M O N T G O M E R Y, A L A B A M A 3 6 1 0 4 – 4 6 1 1 PHONE: (334)-206-7200 – FAX: (334)-206-7222 – WEBSITE: M H A T O D A Y.O R G

LANDLORD VERIFICATION FORM

Name of Applicant/Tenant:	Date:	
Current Address:		
City: State:	Zip Code:	
Previous Address (If living at current address less th	nan a year):	
City: State:	Zip Code:	
Name of Landlord		
Are you a relative of the applicant? If so, please describe relationship:		
Name of Current Landlord		
Date of Applicant's Tenancy: From	To	
Does (Did) the applicant have a lease? YES	S NO	
1. Rent Payment		
A. Amount of monthly rent: \$		
B. Does (did) applicant pay rent on time?	ES NO	
C. Has (had) he/she ever paid once late?	NO If yes, how often?	
D. Have you ever filed an eviction against the applic	cant? YES NO	
E. Was a Court judgment rendered in your favor for	r eviction? YES NO	
Reason for eviction:		
F. Has applicant's utilities ever been disconnected?	? YES NO If yes, when?	
G. Are applicant's utilities currently connected?	YES NO	
2. Caring for Unit		
A. Does (did) applicant keep the unit clean, safe an	nd sanitary? YES NO	
B. Has (had) the applicant damaged the unit?	YES NO If yes, please describe	
Describe:		
Cost to repair? \$	How often?	
C. Has (had) the applicant paid for the damage?	YES NO	
D. Will (did) you keep any of the security deposit?	YES NO	
E. Does (did) the applicant have problems with inse	ect/rodent infestation? YES NO	



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F.	Does (did) the applicant's housekeeping contribute to the infestation? YES NO
G.	Did the applicant make any alterations to the unit without your permissions? YES NO
3.	General
A.	Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular
	basis? YES NO
В.	Has (had) the applicant, family members or guests damaged or vandalized the common areas?
	YES NO If yes, Describe:
C.	Does (did) the applicant, family members or guests create any physical hazards to the project or
	other residents? YES NO If yes, Describe:
D.	Does (did) the applicant, family members or guest interfere with the rights and quiet enjoyment
	of other tenants? YES NO If yes, Describe:
Ε.	Does (did) the applicant, family members or guests engaged in any criminal activity, including
	drug-related criminal activity? YES NO If yes, Describe:
F.	Has (had) the applicant given you any false information? YES NO
	If yes, Describe:
G.	Has (had) the applicant, family members or guests acted in a physically violent and/or verbally
	abusive manner toward neighbors, landlord, or landlord's staff? YES NO
	If yes, Describe:
Η.	Would you rent to this applicant again? YES NO
	If not, why?
Siç	gnature of Landlord Date
Tit	le:
Ad	dress: