

**Smith Tower
Reference Checklist**

To:

From: Michelle Arevalos, Administrator
Smith Tower 360-695-3474 FAX: 360-735-1499
515 Washington Street, Vancouver, WA 98660-3171

Date: _____

_____ has applied for residency at Smith Tower. We are inquiring into the applicant's prior tenancy record. Please complete the following to the best of your knowledge and return at your earliest convenience in the enclosed, pre-paid envelope. Thank you for your cooperation - ALL INFORMATION WILL REMAIN CONFIDENTIAL.

1. Length of Tenancy: From: _____ To: _____
2. Relationship to Applicant: _____
3. Was rent paid on time: Yes No
4. Rent amount: \$ _____ Any outstanding money owed: \$ _____
5. Is the Applicant currently receiving subsidy: Yes No
6. Were there any disturbance problems related to Applicant: Yes No
If yes, please explain: _____

7. Were valid complaints lodged against them: Yes No
If yes, please explain: _____

8. Did you have reason to believe the Applicant to be:
A. Currently an illegal abuser or addict of a controlled substance
B. Convicted of the illegal manufacture of distribution of a controlled substance;
And / or
C. A direct threat to the health or safety of others.
Explanation: _____
9. If Applicant vacated your premises, was adequate notice given: Yes No
10. Was the unit kept in a safe and sanitary condition by tenant: Yes No
If no, please explain: _____
11. Was the unit damaged: Yes No
If yes, please explain: _____
12. Would you rent to Applicant again: Yes No
If No, please explain: _____
13. Comments: _____

Printed name of Landlord: _____ Signature: _____ Date: _____

(Continued on Back)

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

To complete my application with Smith Tower, 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.

To complete my application with the Smith Tower, I authorize you to release the above information:

Applicant 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 the unauthorized disclosure or improper use.