



**MUSCOGEE (CREEK) NATION  
DIVISION OF HOUSING**

**MORTGAGE DOWN PAYMENT AND CLOSING COST  
PROGRAM**

**APPLICATION FOR ADMISSIONS**

**PROGRAM OBJECTIVE**

The objective of the Mortgage Down Payment and Closing Cost Program is to:

- (a) Provide eligible Native American families with the opportunity to become homeowners.
- (b) Establish objective and reasonable policies for the participant criteria of the Mortgage Down Payment and Closing Cost Program.

**Mail Complete To:**

**MUSCOGEE (CREEK) NATION OF OKLAHOMA  
DIVISION OF HOUSING  
ATTN: ADMISSIONS DEPARTMENT  
P.O. Box 297  
Okmulgee, OK 74447  
Phone: (918) 759-4119 or toll free 1-800-259-5050**

**ORIGINAL APPLICATIONS ONLY  
NO COPIES OR FACSIMILES WILL BE ACCEPTED**

## Mortgage Down Payment and Closing Cost Program Application Checklist

**Please use the following checklist to make sure all pertinent documents are submitted with the Mortgage Down Payment and closing Cost Program Application. Copies of the following items are to be submitted with the application. Only complete applications will be processed. Incomplete applications will be returned by certified mail.**

**NOTE: PLEASE MAKE SURE ALL COPIES ARE READABLE.**

### ALL APPLICATIONS

- \_\_\_\_\_ Creek Citizenship Card or Citizenship card for other Federally recognized tribe for applicant and co-applicant/spouse.
- \_\_\_\_\_ Social Security Cards for everyone in the household.
- \_\_\_\_\_ Pay stub(s) covering the most current 30 days, for anyone in the household 18 years of age or older with verifiable income.
- \_\_\_\_\_ W-2's, 1099's, etc. for the most current year.
- \_\_\_\_\_ Most current year full tax returns for both federal and state (copies must include all schedules and attachments and be signed or copies of electronically filed tax returns).
- \_\_\_\_\_ If taxes are not filed, fill out Non-filing form (enclosed)
- \_\_\_\_\_ Completed Expendable cost Worksheet (enclosed)
- \_\_\_\_\_ Original Employment verification for Applicant and co-Applicant. (enclosed)
- \_\_\_\_\_ Authorization for release of Information/Privacy Act Notice (enclosed)
- \_\_\_\_\_ Release for Credit Check (enclosed)
- \_\_\_\_\_ Release for Background check (enclosed)
- \_\_\_\_\_ Complete Landlord form (enclosed)
- \_\_\_\_\_ Legal documentation for physical custody of children if adopted or a foster child or have guardianship etc.

### IF YOU ARE SELF-EMPLOYED

- \_\_\_\_\_ Copies of the last two years personal and business Federal and State income tax returns (must be signed)

### IF YOU HAVE DECLARED BANKRUPTCY IN THE LAST 7 YEARS

- \_\_\_\_\_ Complete copy of Bankruptcy papers (Petition/Decree, Schedule of Creditor, Discharge, etc.)
- \_\_\_\_\_ Please write a letter of explanation on why you filed for bankruptcy.

### IF YOU HAVE BEEN DIVORCED AND/OR HAVE PREVIOUS MORTGAGE

- \_\_\_\_\_ Complete signed copy of all divorce decrees, including any stipulations or modifications.
- \_\_\_\_\_ Proof of receipt of child support payments for the last 24 months (only if you intend to use this income to qualify for your mortgage loan.)

### Miscellaneous items (If applicable)

- \_\_\_\_\_ If applicant or co-applicant is not employed, please submit a notarized form verifying that you are unemployed. (enclosed)
- \_\_\_\_\_ Current Social Security, VA, Retirement, AFDC, or SSI, Award letters.
- \_\_\_\_\_ Please submit an explanation letter for any past or present credit issues.

# MORTGAGE DOWN PAYMENT AND CLOSING COST PROGRAM

ALL ITEMS ARE TO BE MADE IN INK OR TYPED IN. CORRECTIONS OR CHANGES ARE TO BE MADE BY LINING THROUGH THE ORIGINAL ENTRY AND ENTERING THE CORRECT DATA. SUCH CHANGES ARE TO BE DATED AND INITIALED BY THE PERSON RECORDING THE CHANGE.

(Please note: Any information received will not be released to anyone, in accordance with the Privacy Act of 1974, P L 93-579.)

Name of Applicant: \_\_\_\_\_

Co-Applicant (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
(Street/RR/PO Box etc.)

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Contact Name/Message#: \_\_\_\_\_

## Applicant

Tribe \_\_\_\_\_

MCN Blood Quantum \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Maiden Name \_\_\_\_\_

Previous Address \_\_\_\_\_

\_\_\_\_\_

## Co-Applicant (if applicable)

Tribe \_\_\_\_\_

Blood Quantum \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Maiden Name \_\_\_\_\_

Previous Address \_\_\_\_\_

\_\_\_\_\_

## **Please answer the following questions completely and honestly:**

1. Are you or have you ever been a Mutual Help Housing participant: Yes / No
2. If yes, whose name is on the Mutual Help Occupancy Agreement or NAHASDA contract? \_\_\_\_\_
3. Have you previously abandoned a HUD assisted home operated by this or another Housing Authority or Division? Yes / No
4. Do you have/owe any debts incurred from prior occupancy of a HUD-assisted home or apartment at this or any other Housing Authority or Division? Yes / No \_\_\_\_\_
5. Have you ever been evicted for noncompliance with the provisions of a HUD-assisted home or apartment or rental lease? Yes / No (If yes, please explain): \_\_\_\_\_  
\_\_\_\_\_
6. Have you or co-applicant ever applied for or received any type of assistance through the Creek Nation Housing Division or Creek Nation Housing Authority? Yes / No (If yes, please explain): \_\_\_\_\_  
\_\_\_\_\_

7. Please mark any of the following if it pertains to you:

\_\_\_\_\_ Eligible Creek citizens who are involuntarily displaced by government agencies or natural disasters, including fires.

\_\_\_\_\_ 4/4 Creek Large families (2 or more in household), the elderly, disabled or handicapped.

\_\_\_\_\_ Large Creek families (2 or more in household), the elderly, disabled or handicapped 1/2 or more MCN blood quantum.

\_\_\_\_\_ Large Creek families (2 or more in household), the elderly, disabled or handicapped less than 1/2 MCN blood quantum.

\_\_\_\_\_ Single 4/4 Creek Citizen

\_\_\_\_\_ Single less than 4/4 Creek Citizen

\_\_\_\_\_ Other Indian Tribes

8. Current Residence: \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ Lease \_\_\_\_\_ Live with relatives

\_\_\_\_\_ Other \_\_\_\_\_

9. Years at current residence: \_\_\_\_\_

10. Have you ever had a home mortgage? Yes / No

11. Do you currently have a home mortgage? (if yes, please explain) Yes / No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. List **all** person(s), **including yourself**, living in the household on a permanent basis, household members must be verified by tax returns.

<u>NAME</u>	<u>SSN#</u>	<u>D.O.B.</u>	<u>RELATIONSHIP</u>	<u>INCOME SOURCE</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

13. Is there anyone in the household handicapped and/or disabled? Yes / No (If yes, give name and explain).

\_\_\_\_\_

14. Please check any credit issues within the last 2-4 years (only those which apply to you).

\_\_\_\_\_ Bankruptcy (Date of discharge \_\_\_\_\_ )

\_\_\_\_\_ Delinquency (30, 60, or 90 days)

\_\_\_\_\_ Foreclosures (Date \_\_\_\_\_ )

\_\_\_\_\_ Overdrawn Bank Accounts (closed by the bank)

\_\_\_\_\_ Excessive Credit Inquiries

\_\_\_\_\_ Judgments (medical bills, garnishments, etc.)

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

15. Have issues in #14 been resolved? (Circle one) Yes / No

16. Are you a Muscogee (Creek) Nation employee, member of the National Council/Board Member, or an immediate relative of a Muscogee (Creek) Nation employee or National Council/Board Member?

Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: Immediate family is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents of the employee or his/her spouse and grandchildren of the employee or "foster" or "step" situations within these relationships.)

**EXTRA SPACE IF NEEDED (PLEASE PUT # REFERING TO):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

**I have answered all questions to the best of my ability and knowledge. I hereby authorize the MCN Division of Housing to order a consumer credit report and communicate with any individuals and/or companies that will be necessary in processing my application for Mortgage Down Payment and Closing Cost Program. The information within this application is true and correct and I realize that falsification is automatic reason for this application to become null and void and the applicant shall be considered ineligible for the program. Punishable by Section 1001 of Title 18 of the U.S. Code which makes it a criminal offense to make willful, false statements for misrepresentations of any material fact involving the use of obtaining of federal funds.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Co-Applicant/Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete the following information:**

**EXPENDABLE COSTS WORKSHEET**

NOTE: Some of the following items may not be standard monthly costs, but are usually an expense at some point every year. Please estimate the yearly cost of these items and divide the yearly cost by 12 to establish an approximate monthly cost. (Dr Visits, clothing, prescriptions, laundry/dry cleaning, entertainment)

<b>Expense Items</b> (items required for daily living, or personal use. Indefinite expenses)	<b>MONTHLY COST</b>
Current Rent	\$
Utilities (gas, electric, water, telephone, garbage)	\$
Cable/Satellite	\$
Groceries (food, paper products, diapers, etc )	\$
Transportations (gasoline, bus, parking)	\$
Car Insurance	\$
Medical Insurance (even if payroll deducted)	\$
Medical Bills (Dr. Visits, prescriptions)	\$
Clothing	\$
Child Care/Baby Sitter	\$
Cell Phone/Pager Bill	\$
Laundry/Dry Cleaning	\$
Entertainment (movies, fun-parks clubs, etc )	\$
Other (please describe)	\$
<b>TOTAL EXPENSE PAYMENTS</b>	<b>\$</b>
Debt Payments (obligations you have made to pay monthly that will take longer than 6 months to pay off)	
Car Payment	\$
Car Payment	\$
Credit Card-(circle one) Visa, MasterCard, Discover, American Express, other _____	\$
Credit Card-(circle one) Visa, MasterCard, Discover, American Express, other _____	\$
Credit Card-Department Store _____	\$
Student Loans please give the total amount owed even if still deferred - \$ .00	\$
Child Support Payments	\$
Personal Loan	\$
Personal Loan	\$
<b>TOTAL DEBT PAYMENTS</b>	<b>\$</b>
<b>Total Expenses + Total Debts = Total Expendable Costs</b>	<b>\$</b>

**EMPLOYMENT VERIFICATION**

**I hereby authorize the release of any employment information that would assist me in my application with the Mortgage Down Payment and Closing Cost Program.**

\_\_\_\_\_ Date \_\_\_\_\_  
Employee's Signature

**Please have your employer complete the following information:**

**EMPLOYEE INFORMATION:**

Employee Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Title/Occupation: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Length Of Employment: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

Employee is paid:     Weekly     Bi-Weekly     Monthly     Other:

**EMPLOYER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_    Fax Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Authorized Personnel Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT VERIFICATION**

**I hereby authorize the release of any employment information that would assist me in my application with the Mortgage Down Payment and Closing Cost Program.**

\_\_\_\_\_ Date \_\_\_\_\_  
Employee's Signature

**Please have your employer complete the following information:**

**EMPLOYEE INFORMATION:**

Employee Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Title/Occupation: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Length Of Employment: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

Employee is paid:     Weekly     Bi-Weekly     Monthly     Other:

**EMPLOYER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (       ) \_\_\_\_\_ - \_\_\_\_\_    Fax Number: (       ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Authorized Personnel Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

**MUSCOGEE (CREEK) NATION**  
**DIVISION OF HOUSING**

**Release for Credit Check**

I/We, \_\_\_\_\_,/  
Applicant Name (first) Middle Last Maiden

\_\_\_\_\_, hereby  
Spouse/Other (first) Middle Last Maiden

give permission for the **Release of Information** concerning a **Credit Check** to the Muscogee (Creek) Nation Division of Housing with regard to their legal responsibilities concerning eligibility requirements for housing assistance.

\_\_\_\_\_  
Applicants Signature Social Security Number Date

\_\_\_\_\_  
Spouse/Other Signature Social Security Number Date

\_\_\_\_\_  
Household Member 18 or over Social Security Number Date

\_\_\_\_\_  
Household Member 18 or over Social Security Number Date

**MUSCOGEE (CREEK) NATION  
DIVISION OF HOUSING**

**UNEMPLOYMENT STATEMENT**

DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby state that I am not presently employed or receiving any other income.

The only source of income I have is \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to, before me, this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires



# Authorization for the Release of Information/ Privacy Act Notice

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date)	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)
	Muscogee (Creek) Nation Division of Housing P.O. Box 297 Okmulgee, Oklahoma 74447 (918) 756-8504/1-800-259-5050  Counselor: _____  Date: _____

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to Has for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.  
**Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

## Authorization for the Release of Information/ Privacy Act Notice Page 2 of 2

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

### Signatures

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____		_____	
Social Security Number (if any) of Head of Household			
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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### Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

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**MUSCOGEE (CREEK) NATION  
DIVISION OF HOUSING**

**Release for "NCIC" and "III" Check**

I/We, \_\_\_\_\_, /  
Applicant Name (first) Middle Last Maiden

\_\_\_\_\_, hereby  
Spouse/Other (first) Middle Last Maiden

give permission for the **Release of Information** concerning a **National Crime Information Center check**, and an **Interstate Information check** to the Muscogee (Creek) Nation Division of Housing with regard to their legal responsibilities concerning eligibility requirements for housing assistance.

\_\_\_\_\_  
Applicants Signature Social Security Number Date

\_\_\_\_\_  
Spouse/Other Signature Social Security Number Date

\_\_\_\_\_  
Household Member 18 or over Social Security Number Date

\_\_\_\_\_  
*Household Member 18 or over* Social Security Number Date

**MUSCOGEE (CREEK) NATION  
DIVISION OF HOUSING**

**Landlord Statement**

Name \_\_\_\_\_ Spouse \_\_\_\_\_

S.S.# \_\_\_\_\_ S.S.# \_\_\_\_\_

DOB \_\_\_\_\_ DOB \_\_\_\_\_

This will authorize the Muscogee (Creek) Nation Division of Housing to obtain any information regarding my past history from previous landlords.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

\_\_\_\_\_  
CN ADMISSIONS COUNSELOR'S SIGNATURE DATE

\_\_\_\_\_  
APPLICANT'S SPOUSE/OTHER DATE

**THIS APPLICANT HAS APPLIED FOR MORTGAGE DOWN PAYMENT AND CLOSING COST PROGRAM WITH THE MUSCOGEE (CREEK) NATION DIVISION OF HOUSING. WE WOULD APPRECIATE YOUR COMPLETION AND EARLY RETURN OF THIS FORM.**

THE APPLICANT IS/WAS YOUR TENANT AT \_\_\_\_\_  
Property Address City State Zip

DOES THIS PERSON OWE A BACK BALANCE? YES \_\_\_\_\_ (IF YES \$ \_\_\_\_\_ ) NO \_\_\_\_\_  
HOW MUCH IS THE RENT FOR THIS APARTMENT / HOUSE? \$ \_\_\_\_\_  
(please circle)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

	EXCELLENT	GOOD	FAIR	POOR
<b>RENT PAYING HABITS</b>				
<b>HOUSEKEEPING HABITS</b>				
<b>ABILITY TO GET ALONG WITH NEIGHBORS</b>				

DATES OF OCCUPANCY: FROM \_\_\_\_\_, 20\_\_ TO \_\_\_\_\_, 20\_\_

WOULD YOU ACCEPT THE ABOVE AS A TENANT AGAIN? YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
LANDLORDS SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP