

## **Landlord Verification**

Date:		
To:		_
		_
		_
Applica	ant Name:	
Addres	ss Rented:	
Philade verifica		Family Homes developed and managed by As part of our tenant selection criteria, we require ed to eligibility. Please return this information to the
Name:	: Rosaline Yang Pho	one number: 215-922-2156
Email:	ryang@chinatown-pcdc.org Fax	number: 215-922-7232
above. assure as indic	. Please feel free to return it via fax or email.	information and returning it to the person listed Your prompt return of this information will help to aplicant has consented to this release of information you prefer to mail it.
Please	e answer the following questions regardi	ng the individual's rental history:
		aptioned address?
		id ending
2.	What was their monthly rent? \$	
	Was rent paid on time? ☐ Yes ☐ No	
		any utilities? □ Yes □ No
	If yes, did non-payment of utilities creat	•
5.		
J.	,	•
c	If yes, what types of damage?	
6.	, ,	
7.	Would you rent to them again?  Yes	⊔ No



8.	Additional Comments, if any:	
Inform	nation provided by:	
Print Name and Title		Firm/Organization
 Signatu	ire	Date
RELEAS	<b>SE:</b> I hereby authorize the release of the red	quested information. I understand that this is a
circums		fy information that is up to 5 years old. Authorization
 Signatu	ure	Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.