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Opening Doors - Changing Lives

TiftonHousing.org

Landlord Statement

To: _____ Date: _____

Address: _____

Reference: Tenant/Applicant _____ SS# _____

The above named person has applied for an apartment with the Tifton Housing Authority and has indicated that you not have (or have had) this family as a tenant in your property located at _____

The information requested is required for the determination of eligibility for housing by this Authority.

I, _____, authorize the release of the information requested.

1. How long did the above applicant reside at this address?: _____
 2. To the best of your knowledge, how many people live(d) at this unit? _____
 3. Is this person prompt with rental payments? _____ Amount of monthly rent? _____
 4. Were there any late payments in the past 12 months? _____ If yes, how many _____
 5. Did the applicant maintain desirable living conditions, clean apartment? _____
 6. Has this family been the cause of any property damage or complaints? _____
 7. Does this person and/or family/friends make excessive noise that disturbs others? _____
 8. Is this person required to give a 30 day notice? _____
 9. If this person is being required to move, what is the reason _____
10. What kind of tenant is the person? Excellent Good Fair Poor
11. Would you rent to the applicant in the future? _____
12. Does the family owe an unpaid debt? _____ If so, how much? _____

IF PERSON WAS A PUBLIC HOUSING OR SECTION 8 RESIDENT:

13. Were they in compliance with community service? _____
14. Has this person completed their Lifetime Maximum four year disallowance (EID)? _____
15. Additional comments: _____

Signature: _____ Date: _____

Title: _____ Telephone number: _____