

## LANDLORD RECOMMENDATION

Pleas	se take/send this form to your previous/present lan	dlord, have them complet	e it and return to you. This form
must	t be completed and turned in with your application.		
		_ has/have applied for resi	dency for assistance in our
Secti	ion 202 Supportive Elder Housing. Please fill out the	e questionnaire below and	return it to the applicant
as sc	oon as possible so we can process the application in	n a reasonable period of ti	me. ALL INFORMATION IS
HELI	D IN STRICT CONFIDENCE. Thank you for your	cooperation and prompt	reply.
To b	pe filled out by landlord:		
١.	How long did the tenant rent from you?		
2.	What was the monthly rent?		
3.	Did the tenant pay promptly?		
4.	Did this tenant leave the property in satisfactory condition?		
5.	Was there a deposit?	Was it returned?	
6.	Did the tenant maintain desirable living conditions (a well-kept house)?		
7.	Did the tenant get along with the other tenants (neighbors)?		
8.	What was the reason for the applicant leaving your rental?		
9.	Did the tenant give proper notice to move?		
10.	Would you rent to the applicant in the future? _		
Addi	itional Comments (Use back of paper if necessary)		
Sign	ature of Landlord	Date	Phone Number





