



tel. 508-947-0600

www.SaferPlacesInc.com

Landlord Verification

This section to be completed by applicant

Current/previous landlord: _____

Address: _____

Tel. _____ Fax _____

I, _____ authorize the release of all information
Print name of applicant
requested on this Landlord Verification form. I understand it will be used only to
determine my eligibility for housing.

Signature of applicant

Date

Dear landlord:

Safer Places, Inc. is a tenant screening company. The person named above has applied for housing with our client and has identified you as a current or former landlord. The tenant selection policy of our client requires that certain information about all household members of persons applying for residency be verified. By their signature above, they have authorized you to release this information. In most cases, a final decision regarding the application for tenancy will be deferred until your reply is received. Therefore, we thank you in advance for your prompt reply. Please return this completed form via fax or email at your earliest opportunity.

Fax # 508-947-0699 **email:** info@SaferPlacesInc.com

This section to be completed by current/former landlord

Landlord Name: _____

Address where applicant resides(ed) _____

Tenancy from _____ to _____

Relationship to applicant: Relative Friend Other _____

This section to be completed by current/former landlord (continued)

Payment History

Amount of rent _____ per month

Did applicant pay rent on time? Always Usually almost never Never

Did you ever begin eviction proceedings for non-payment? Yes No

Does applicant currently owe any money to you? Yes No

Did applicant have a lease? Yes No

Care of Rental Unit

Did applicant keep the rental unit clean, safe and sanitary? Yes No

Did applicant, family or guest damage the rental unit? Yes No

If yes, did applicant pay for damages? Yes No

Was it necessary to make deductions from security deposit? Yes No

Did you ever begin eviction proceedings for cause? Yes No

Did applicant, family or guests engage in unsafe smoking habits? Yes No

General

Did applicant have any unauthorized person(s) residing in rental unit? Yes No

Did applicant, family or guests engage in unlawful acts? Yes No

Did applicant, family or guests create any disruptive, noisy or other offensive use of the rental unit? Yes No

Why did applicant move out of your rental unit? _____

Would you re-admit this applicant to your property? Yes No

Additional Comments: _____

Printed name of person completing this form _____

Signature _____ Date _____

Your cooperation in completing this form quickly and accurately is very much appreciated. You may scan and email it to us at Info@SaferPlacesInc.com or fax it to us at 508-947-0699. Thank you!

Safer Places, Inc. 347 West Grove Street; Middleboro, MA 02346