

To: _____

Phone or Fax#: _____

Applicant Name

Former/Present Address:

**FROM: Oliver Management Services, Inc.
5713 Grand Ave Suite B
Duluth, MN 55807
Fax: (218) 624-2235**

Thank you for your prompt response. All information is confidential. Please contact **Barb** at **(218) 628-0311** if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank.
Release: I hereby authorize the release of requested information. Information obtained under this consent is limited to information that is no older than 5 years. There are circumstances, which would require the owner to verify information that is older than 5 years, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

THIS SECTION TO BE COMPLETED BY CURRENT OR FORMER LANDLORD

Are you a relative or friend of the above named person? Yes No
If yes please describe relationship:

Dates of Occupancy FROM: _____ TO: _____

Name/Address of property _____

Does the above named person(s) have a lease with you? Yes No

1. Rent Payment

YES NO

- A. Amount of monthly rent: \$ _____
- B. Was rent paid on time?
If no, how late was rent paid? _____ How Often? _____
- C. Have you ever begun or completed an eviction proceeding for non-payment of rent?
- D. Do you provide any of the utilities for the unit?
- E. Have tenant paid utilities ever been disconnected for non-payment?

2. Caring for the Unit

- A. Is/was the unit kept clean, safe and sanitary?
- B. Has the above named person(s) caused any excessive damage to the unit?
If yes, cost to repair \$ _____ How Often? _____
- C. Has the damage been paid for?
- D. Does the above named person(s) owe you any money?
If yes, how much do they owe \$ _____ Describe _____
- E. Will (did) you keep any of the security deposit?
If yes, how much \$ _____ Reason? _____
- F. Was there any problem with insect/rodent infestation?
If yes, was housekeeping a contributing factor?

YES NO

3. General Information

- A. Were unauthorized persons allowed to reside in the unit on a regular basis?
- B. Have the above named person(s), family members or guests engage in criminal activity, including drug-related activity, on or near your property?
- C. Has the above named person(s) acted in a physically violent and /or verbally abusive toward neighbors and/or staff?
- D. Did the above named person(s) give the required notice to vacate, if applicable?
- E. Does the above named person(s) currently receive subsidy?
If yes, through which agency _____ program _____
Date they will be released from subsidy? _____
- F. Did the above named person(s) move out voluntarily or after judicial eviction? _____
- G. Would you re-rent to the above named person(s)? If no, please explain:

Additional Comments, if any: _____

Signature _____ Date: _____

Print your name _____ Tel #: _____

Title _____

Address _____

PENALTIES FOR MISUSING THIS CONSENT:
 TITLE 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA 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 this verification form is restricted to the purposes cited above. 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 that \$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 PHA or the owner responsible for the unauthorized disclosure or improper use. **Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h)**