

**Sault Ste. Marie Tribe of Chippewa Indians  
Housing Authority  
154 Parkside  
Kincheloe, MI 49788  
Fax : 906-495-1456**

**Landlord Reference Questionnaire**

Dear \_\_\_\_\_  
Landlord's name and address  
\_\_\_\_\_  
\_\_\_\_\_

The family listed below has applied for housing with our program. I am asking your cooperation in supplying information on the tenant history of this family. This information will be used only in determining whether the family can be accepted for admission. Your prompt response is appreciated. If you have any questions, please call me at 1.800.794.4072 or 906.495.1450

Thank You

\_\_\_\_\_  
Loretta Robinson, Occupancy Specialist

I hereby authorize the release of the information below.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Rental Unit  
\_\_\_\_\_

Current Landlord  Previous Landlord  Other \_\_\_\_\_ Is this a subsidized unit? \_\_\_\_\_

Date of applicant's tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

Bedroom Size: \_\_\_\_\_

**Payment History**

Monthly rent amount? \_\_\_\_\_ Is (was) the applicant current on rent? \_\_\_\_\_

Have you ever begun eviction proceedings for non-payment? \_\_\_\_\_

Does the applicant still owe money? \_\_\_\_\_ How Much? \_\_\_\_\_

**Caring For the Unit**

Does (did) the applicant keep the unit clean? \_\_\_\_\_

Has the applicant damaged the unit? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Will (did) you keep any of the Security Deposit? \_\_\_\_\_

**General**

Are you aware of any problems such as alcohol abuse and/or domestic violence? \_\_\_\_\_

Please Describe: \_\_\_\_\_

Does the applicant interfere with the rights and quiet enjoyment of other residents? \_\_\_\_\_

Please Describe: \_\_\_\_\_

Would you rent to this family again? \_\_\_\_\_ If not, why? \_\_\_\_\_

What was the family's reason for moving? \_\_\_\_\_

Are you related to this family? \_\_\_\_\_ If yes, what is the relationship? \_\_\_\_\_

Did this family rent from you or did they stay with you? \_\_\_\_\_

What previous address did the applicant give when they applied for housing? \_\_\_\_\_

What forwarding address did the applicant give when they moved? \_\_\_\_\_

Additional comments or concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number