



NORTH ADAMS HOUSING AUTHORITY

150 ASHLAND STREET - P.O. BOX 666
NORTH ADAMS, MASSACHUSETTS 01247-0666

PHONES (413) 663-5379 AND 663-5370
FAX (413) 664-7223
TTY (413) 664-7710

Date: _____

Applicant Signature: _____

Applicant: Sign and date above. By doing so you authorize this agency to request information from former landlords concerning previous residences.

DO NOT WRITE BELOW THIS LINE. FOR OFFICE AND LANDLORD USE ONLY.

_____ has applied for housing assistance with the North Adams Housing Authority. By his/her signature, above, he/she has authorized this agency to request information related to residency in your dwelling. This information is to be used only for the purposes of housing and will be kept in a confidential file. Please answer the questions below, and return this form to us as soon as possible. Thank you for your assistance.

Lisa LaBonte, Program Manager

Are you? Current Landlord Former Landlord Friend or relative

Dates of Applicant's Tenancy: From _____ To _____

1. Rent Payment

Amount of Monthly Rent \$ _____
Does (did) applicant pay rent on time? Yes No
If no, how late? Days Months Other
How often are/were payments late? _____
Have (had) you ever begun/completed eviction proceedings for non payment? Yes No
Were tenant paid utilities ever disconnected? Yes No

2. Caring for the Unit

Does (did) applicant(s) keep the unit clean, safe and sanitary? Yes No
Has the applicant(s) damaged the unit? Yes No If Yes please describe _____

Will (did) you keep any security deposit? Yes No
Did the applicant(s) have problems with rodent or insect infestation? Yes No
Did the applicant(s) housekeeping contribute to the infestation? Yes No

3. General

Is (was) applicant listed on the lease for the unit? Yes No
Does (did) applicant permit persons other than those listed on the lease to live in the unit?
 Yes No If yes, please explain _____
Has (had) the applicant(s), family members or guests damaged the common areas?
 Yes No If yes, please explain _____
Does (did) the applicant(s), family members or guests create/cause any physical hazards to
The property and/or other residents? Yes No If yes, please explain. _____

Does (did) the applicant(s), family members or guests interfere with the rights and quiet
enjoyment of other tenants? Yes No If yes, please explain _____

Have the applicant(s), family members or guests engaged in any criminal activity, including
drug trafficking activity, in the unit or building? Yes No If yes, please explain _____

Have applicant(s), family members or guests given you any false information? Yes No
If yes, please explain _____

Have applicant(s), family members or guests acted in a physically violent and/or verbally
abusive manner towards neighbors, and/or landlord's staff? Yes No
If yes, please explain _____

Does applicant owe any money? Yes No
If yes, is applicant on a repayment agreement? Yes No
Would you re-admit this applicant? Yes No If no, please explain _____

4. Optional

If any of your answers indicate tenancy related problems, do you believe that the above
Described behavior is likely to reoccur? Yes No

If any of your answers indicate tenancy related problems that cannot be explained by
Mitigating circumstances, do you believe that there are reasonable accommodations that the
housing provider could make or a service plan from a service agency that could resolve the
problem? Yes No

Note section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful
false statements or misrepresentation to any Department or Agency of the United States as to any
matter within its jurisdiction.

Signature Title Date

