

**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

*Jenna Graham*

Occupancy Specialist

**Applicant(s)**  
Please fill out the upper portion of this form with your current or former Landlord's contact information. Please ensure it is accurate and complete. You will also need to fill out the portion to the right with your information. Please send this form back with your application! Sault Tribe Housing will obtain the reference.

\_\_\_\_\_  
Print Name of Applicant(s)  
\_\_\_\_\_  
Signature of Applicant(s)  
\_\_\_\_\_  
Address of Rental Unit  
\_\_\_\_\_

*I hereby authorize the release of the information above.*

Current Landlord  Previous Landlord **Is this a subsidized unit?**  Yes  No (please answer)

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

**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