|  | Applicant/Participant Name   |                                  |
|--|--|----------------------------------|
| FIT FITTUR   | Address With You   |                                  |
| The Housing Authority                                    |  |                                  |
| of the City of Jacksonville                              | Social Security Number XXX-XX  |                                  |
| ,  | Current Landlord   | Previous Landlord                |
|  | Dates of Tenancy   | to                               |
| 1. Rent Payment  |  |                                  |
| A. Is (was) applicant current on re                      |  |                                  |
| B. Has (had) he/she ever been late                       |  |                                  |
| How Late? How  |  | XZ XI                            |
| C. Have (had) you ever begun evi<br>D Bont amount?       | ction proceedings for nonpayment?  | YesNo                            |
| E Do they owe a balance?                                 | If yes, how much? \$   |                                  |
| E. Do they owe a balance:                                | If yes, how much?<br>ce? If yes, how much?   |                                  |
|  | ommunity Service? If yes,  |                                  |
| 2. Caring For The Unit                                   | J J  | ,                                |
|  | ne unit clean?YesN   |                                  |
|  | eeping inspections?Yes   |                                  |
|  | spections pass?Yes]  | No                               |
| D. Has (had) the applicant damage                        |  |                                  |
| Describe:  |  |                                  |
| How Expensive: \$  | the law of New New New New York, New Yor |                                  |
|  | the damage?YesNo<br>the Security Deposit?Yes   | No                               |
| <b>3.</b> Does (did) the applicant permit per            |  |                                  |
| 4. Who is (was) listed on the lease as                   |  |                                  |
| • Who is (was) listed on the lease as                    |  |                                  |
| 5. Has (had) the applicant or family n                   | nembers:   |                                  |
| A. Damaged or vandalized the cor                         |  |                                  |
| B. Created any physical hazards to                       | the property or other residents?   | YesNo                            |
| C. Interfered with the rights and p                      | eaceful of other residents?Yes   | sNo                              |
| D. Given any false information?                          |  |                                  |
| E. Required to move from the unit                        |  |                                  |
| 6. Would you re-admit this applicant?<br>If no, why not? | 2YesNo   |                                  |
|  |  |                                  |
| Signature:   | Title:   | Date:                            |
| By signing below, I give my consent to an                |  | to release the above information |
| concerning my residency with them, to the                | Jacksonville Housing Authority.  |                                  |
|  |  |                                  |
| Signature of Applicant/Resident:                         |  | Date:                            |

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. Also, amounts received from providing childcare and attendant care are reportable to the Internal Revenue Service (IRS).



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