

HOUSING AUTHORITY OF THE CITY OF SLATON, TEXAS

OFFICE OF THE
EXECUTIVE DIRECTOR

PO.BOX 317
PHONE # 806-828-3395

RETURN TO: SLATON HOUSING AUTHORITY BY...
FAX #: 806-828-3165
EMAIL: slatonha1@phamail.com

DATE: _____
RE: _____
SS#: _____

This will authorize the Slaton Housing Authority to obtain any information regarding my rental history from previous landlords.

Applicant Signature

SHA Representative Signature

This applicant has applied for residency at the Slaton Housing Authority and has indicated he/she was your tenant at _____.
(Property Address)

Please answer the following questions regarding the tenant's rental history.

1. How long did the tenant reside at the address?

2. What was the monthly rental?

3. Was tenant prompt in paying monthly rental?

4. Does the applicant owe you for a back balance?

5. Did applicant maintain desirable housekeeping habits?

6. Did applicant get along with other tenants and/or neighbors?

7. Was applicant ever destructive to the apartment or surrounding public area? ____ Yes ____ No
8. Would you accept applicant as your tenant again? ____ Yes ____ No
9. Additional Comments: _____

Authorized Representative Signature

Title

Phone Number

Date