

Tenant History Report

Department of Community Affairs

Landlords are strongly encouraged to carefully screen Section 8 families and to have the Section 8 family complete the bottom portion of this form to assist with the screening process. The Department of Community Affairs (DCA) issuance of a Voucher is **not** a representation by DCA about the family's expected behavior or suitability for tenancy,

Items landlords may want to consider in screening potential tenants are:

1. **Payment of rent and utility bills** - you may choose to complete a credit check.
2. **Caring for a unit and premises** - we suggest a visit to the potential tenant's current unit to view housekeeping habits;
3. **Respecting the rights of others to the peaceful enjoyment of their housing** - you may want to interview the potential tenant's current and previous landlords or talk to the potential tenant's personal references;
4. **Drug-related criminal activity or other criminal activity that is a threat to the life, safety, or property of others** - you may want to check the potential tenant's criminal history; and
5. **Compliance with other essential conditions of tenancy** - you may want to check court records for previous lease enforcement actions or judgments.

Landlords may **not** illegally discriminate against potential tenants. In other words, your screening process cannot have the effect of rejecting tenants on the basis of their race, religion, sex, handicap, disability, familial status, or national origin. In addition, your screening method cannot be based on criteria that are unrelated to the potential tenant's desirability as a resident.

Name of Head of Household: _____ Subsidy Number: _____

Current Address: _____

Name of Current Landlord: _____ Telephone Number: _____

Address of Current Landlord: _____

Name of Previous Landlord: _____ Telephone Number: _____

Address of Previous Landlord: _____

(OVER)

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Inspection Request Form

Department of Community Affairs

Once you have found a unit, complete all of the information on this form and return it to the above address. Upon receiving your completed form, the Department of Community Affairs (DCA) will schedule an initial inspection of the unit. DCA will send you a letter indicating the date and time of the inspection. Failure to complete this form accurately or in its entirety may delay the processing of the request.

NAME: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ SUBSIDY NUMBER: _____

UNIT INFORMATION:

Please provide the following information on the unit that you plan to rent:

STREET ADDRESS: _____

Number	Street	Apartment Number
City	State	County
		Zip Code

UNIT TYPE: _____ Apartment _____ House _____ Mobile Home _____ Year Built: _____

Number of Bedrooms: _____ Number of Baths: _____ Square Feet: _____

The rent for this unit is \$ _____ per month and includes the following utilities:

_____ Gas _____ Electric _____ Water _____ Sewer _____ Trash

Check utilities that will be paid by the LANDLORD and not by you

Check the following appliances and amenities included in the rent: _____ dishwasher _____ stove/oven

_____ refrigerator _____ garbage disposal _____ air conditioning _____ washer/dryer hook-up _____ carpeting

Circle the type of utility used for the following:

HEAT: Electric Natural Gas Bottle Gas Oil Electric Heat Pump 78% Afue Gas

HOT WATER: Electric Natural Gas Bottle Gas Oil

COOKING: Electric Natural Gas Bottle Gas Oil

Security Deposit: _____ Date Unit Available: _____

Landlord's Name: _____ Phone Number: _____

Street Address: _____

Number	Street	Apartment Number
City	State	Zip Code

Landlord's Signature: _____ Date: _____

DIRECTIONS TO UNIT: _____

(OVER)

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