City of Greenville Application City of Greenville Planning & Development Services Department Affordable Housing Program Request for Occupancy and Verification of Rental History

To be completed by Applicant(s) Only		
то:		
AUTHORIZATION: Program guidelines require a Program we operate. We ask your cooperation in applicant's credit worthiness. The prompt return	n supplying this information. This infor	mation will be used as part of the
Name & Address of Tenant:		
I hereby authorize the release of the following info	ormation: Tenant 1	
	Tenant 1	Date
	Tenant 2	Date
To be completed by Landlord or Authorized A	gent only.	
Tenant rented from:	to	-
Amount of Current Rent: \$		
Rent is arrears? Yes No	If yes, Amount in Arrears \$	
Number of late payments in the last 12 months.		
Number of NSF Checks in the last 12 months.		
Is account satisfactory?	Yes No	
Would you rent to this tenant again?	Yes No	
Any additional information, which may be helpful	in determination of credit worthiness:	
Signature of Landlord or Authorized Agent	Title	Date
Type or Print Name As Signed Above	Mailing Address	
Phone Number	City, State & Zip Code	
**Please fax to 252-329-4631 or return by mail to	Attn: Phoenix G Hinson	Jevelopment Services
Verbal Verification yes no	PO Box 7207 Greenville, NC 27835-7207	
Phoenix G Hinson, Planner II Date	B y email: phinson@greenvillenc.gov	