

# BETHLEHEM HOUSING AUTHORITY

645 MAIN STREET, BETHLEHEM, PA 18018

(610) 865-8301 \* FAX (610) 865-8318

\_\_\_\_\_  
DATE

## PROPERTY OWNER / LANDLORD MUST COMPLETE THIS FORM RESIDENCE VERIFICATION

TENANT/OCCUPANT	ADDRESS	SS#

**This form is required to verify your legal address if you do not have a lease.**

1. What is your relationship with the applicant?  
 \_\_\_\_\_ Property owner      \_\_\_\_\_ Property manager
2. Owner's name: \_\_\_\_\_ Telephone \_\_\_\_\_
3. Owner's address: \_\_\_\_\_
4. Is the property being sold?  Yes  No    If yes, when? \_\_\_\_\_
5. Monthly rent amount: \$ \_\_\_\_\_
6. The person has resided here since? \_\_\_\_\_
7. Is the rent payment current?  Yes  No
8. Explain any problems that you had with this person/family regarding rent, housekeeping, police, neighbors, utilities , or any other:

\_\_\_\_\_

\_\_\_\_\_

**By signing this form, I testify that the above named person resides at the indicated address.**

Owner/Landlord Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_