

2001 North Hoard Avenue | P.O. Box 2147 Sherman, Texas 75091-2147

**TENANT SCREENING QUESTIONNAIRE** 

Fax: 903.893.9064

## Applicant's Name: Name of Person/Agency Contacted: Date of Applicant's Tenancy: From \_\_\_\_\_\_ To \_\_\_\_\_ 1. Rent Payment: Is/Was applicant current on rent? Yes \_\_\_\_\_\_ No \_\_\_\_\_ B. Has/Had applicant ever been late? Yes \_\_\_\_\_\_ No \_\_\_\_\_ How late: How often: Were eviction procedures ever begun? Yes \_\_\_\_\_\_ No \_\_\_\_\_ C. Does the applicant have a balance? Yes \_\_\_\_\_\_ No \_\_\_\_\_ D. 2. Caring For Unit: Does/Did applicant keep home clean? Yes \_\_\_\_\_\_ No \_\_\_\_\_ Has/Had applicant damaged the home? Yes \_\_\_\_\_ No \_\_\_\_\_ No \_\_\_\_ B. Please describe: Has/Had applicant paid for damage? Yes \_\_\_\_\_\_ No \_\_\_\_\_ C. 3. General Does/Did applicant permit persons other than those on the lease to live in the home? A. Yes \_\_\_\_\_ No \_\_\_\_\_ Has/Had applicant or family members damaged the common areas or grounds? В. Yes No Does/Did applicant create any physical hazards to complex or residents? C. Yes No Has/Had applicant ever falsified information to your knowledge? D. Yes No Please list persons who reside/resided in the home: E.

F.

Phone: 903.893.3139

Would you re-admit this applicant? Yes No

If not, why not?\_\_\_\_\_

G.	Additional Comments:		
Signature of Authorized Staff		Date	
**** I hereby authorize the release of the above information to the Sherman Housing Authority.			
Applicant		Date	