

WASHINGTON COUNTY HOUSING AUTHORITY

APPLICANT SCREENING VERIFICATION

Date: _____

RE: _____

Current or Former Landlord:

Our resident selection policy obliges us to verify certain information about all members of families applying for admission to our development. To comply with this requirement, we ask your cooperation in supplying information on the resident history of the family listed above. This information will be used only in determining whether the family can be accepted for admission.

Your prompt return of this information will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call me at 724-228-6060, ext. 105.

Sincerely yours,

Dottie Kesneck
Occupancy Supervisor

I hereby authorized the release of the requested information.

Date: _____

Signature: _____