



# GEORGETOWN HOUSING AUTHORITY

139 Scroggin Park, Georgetown, KY 40324  
J. Thomas Wilson, PHM, Executive Director

## LANDLORD REFERENCES

Dear Public Housing Applicant:

The **landlord reference** is **required** in order to **submit a Public Housing application**. All current and previous landlord contact information for **the past five (5) years must be supplied**. Your application is incomplete until this information is furnished. All information obtained is confidential and used only for the purpose of verifying or establishing eligibility for federal housing assistance. Please start with the most current landlord.

Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Telephone Numbers: **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
Address where you lived? \_\_\_\_\_  
Dates you lived there? **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Is this a relative?  YES  NO **Were you evicted?**  YES  NO

Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Telephone Numbers: **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
Address where you lived? \_\_\_\_\_  
Dates you lived there? **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
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Landlord Address: \_\_\_\_\_  
Telephone Numbers: **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
Address where you lived? \_\_\_\_\_  
Dates you lived there? **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Is this a relative?  YES  NO **Were you evicted?**  YES  NO

*If additional space is needed, please use the back of this sheet.*

**“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please direct your request for reasonable accommodations, in writing, to the housing authority administrative office, attention: Tom Wilson.”**

