

Moline Housing Authority



4141 11th Avenue A • Moline, Illinois 61265
Phone (309) 764-1819 • Fax (309) 764-2120

TO WHOM IT MAY CONCERN:

Form 400

The applicant applying for housing with the Moline Housing Authority that is listed below indicated that he/she was housed under your Housing Authority or property. It would be greatly appreciated if you would supply information regarding any money owned or not owed to you. If money is owed, proper arrangements to clear the balance must be made. This information shall be held in confidence and is used only to determine eligibility status.

Your cooperation is greatly appreciated.

Sincerely,

EXECUTIVE DIRECTOR

John Afoun

BOARD OF COMMISSIONERS

Dan Adams
Chairperson

Kathy York
Vice-Chairperson

Sonia Berg

Amy Valdes

Mike Crotty

Moline Housing Authority

I hereby give authorization to the Moline Housing Authority to verify my previous rental history to determine my eligibility with the Moline Housing Authority.

Head of Household

Landlord's Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Tenants Name: _____

Social Security: _____

Address: _____

City, State, Zip: _____



“Providing housing and opportunities”

www.molinehousing.com

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TO BE FILLED OUT BY LANDLORD OR PROPERTY OWNER ONLY:

I hereby verify that the above named person:

1. _____ MOVE IN DATE _____ MOVE OUT DATE _____
2. _____ WOULD YOU READMIT THIS APPLICANT? _____ YES _____ NO
3. _____ HAS NO OUTSTANDING BALANCE?
4. _____ HAS AN OUTSTANDING BALANCE OF \$ _____
5. _____ AT THIS TIME NO ARRANGEMENTS HAVE BEEN MADE TO PAY BALANCE.
6. _____ HAS LEFT THE UNIT IN VIOLATION OF THE LEASE OR COMMITTED FRAUD OR MISREPRESENTATION REGARDING ANY INFORMATION AFFECTING ELIGIBILITY.
7. _____ WAS EVICTED FOR THE FOLLOWING REASONS:

8. _____ HOUSEKEEPING OF TENANT WAS: _____ GOOD _____ FAIR _____ POOR

LANDLORD SIGNATURE

DATE

REPRESENTATIVE TITLE

DATE

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