



**RESIDENT VERIFICATION FORM 2024**  
**Form only valid until September 18th, 2024**

**THE FOLLOWING IS TO BE COMPLETED BY APPLICANT AND PRIMARY RESIDENT**

I, \_\_\_\_\_ currently reside at  
**Applicant / Co-Applicant Name**

\_\_\_\_\_  
**Street (Apt. #)**

\_\_\_\_\_  
**City, State Zip Code**

Dates of Rental Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of current landlord \_\_\_\_\_ Phone \_\_\_\_\_

Relation with the applicant \_\_\_\_\_

I acknowledge that all the information I provided above is correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE FILLED OUT BY PRIMERY RESIDENT**

Number of Late Payments in the Last Year: \_\_\_\_\_

Amount of Monthly Rental Payment: \$ \_\_\_\_\_

Amount of Subsidy/Voucher IF applicable, monthly \$ \_\_\_\_\_

Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_

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Family Services Department  
1023 W. 14th St. Winston Salem, NC 27105  
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Fax 336.765.2398  
habitatforsyth.org

*Reviewed on 7/29/2024.*  
*By: Jacquie Torres*