

LANDLORD VERIFICATION FORM

Part I

Staff Name

Tenant's Name

Tenant's Address

Return completed form by:

City/State/Zip

Part II (Please complete, sign and date this form.)

A. Rental Information

1. The total rent for this address is: \$
 Per month week other(specify)
2. Does the tenant receive subsidized housing assistance from Public Housing/Section 8?
 Yes No
3. If subsidized: Tenant Payment is: \$
 Per month week other(specify)
4. Does Tenant share expense with somebody else in the home? Yes No
5. Is the tenant behind on the rent? Yes No

C. Landlord Information

Landlord's Signature

Date:

Landlord's Name (print)

Landlord's Address

Landlord's Daytime Telephone Number

Information Verified by:

Date Verified: