



# LANDLORD VERIFICATION FORM

Behavioral Health Recovery Program (BHRP)– Basic Fax: 1-866-249-8766



APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_ Applicant's move-in date: \_\_\_/\_\_\_/\_\_\_

Has Security Deposit Been Paid? : \_\_\_\_\_ If Yes, Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Exact address where participant will be residing: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ FEIN / SSN: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Telephone #: \_\_\_\_\_

Rental Unit Type:  Private Apartment  Shared Apartment/House  Sober House  Room  
 Other: \_\_\_\_\_ Number of bedrooms in the rental unit: \_\_\_\_\_

What is the maximum allowable occupancy of the dwelling or unit, per local zoning regulations? \_\_\_\_\_

How many people live in this household, per the lease agreement? \_\_\_\_\_

Are all household members related?  Yes  No If no, # of unrelated people live in this household \_\_\_\_\_

Please list all residents permitted to live in this unit (with ages if younger than 18 yrs old): \_\_\_\_\_

Check if included in rent:  Heat  Electricity  Gas  Oil  Hot Water  Meals  Other: \_\_\_\_\_

Owner's Attestation	Lessee's Attestation
<p><b>I understand that I am attesting to the following:</b></p> <ul style="list-style-type: none"> <li>• Neither I, nor my employee(s) or agent(s) acting on my behalf, have been sanctioned nor had a contract terminated by ABH@ or DMHAS.</li> <li>• I am solely responsible for determining the applicant's ability to pay the rent.</li> <li>• ABH@ and DMHAS do not provide any recommendations regarding the applicant's ability to pay the rent.</li> <li>• My property is in compliance with local zoning regulations.</li> <li>• The information provided is subject to verification and audit, and intentional misrepresentation may lead to criminal prosecution.</li> <li>• Approval of a first month's assistance isn't a guarantee for subsequent months.</li> <li>• Applicant <u>may</u> be eligible for additional month(s) of assistance.</li> <li>• ABH@ and DMHAS are not liable if the applicant is unable to pay rent after the assistance ends.</li> </ul> <p>_____ <i>Signature of Owner</i> <span style="float: right;">_____ <i>Date</i></span></p>	<p><b>I understand that I am attesting to the following:</b></p> <ul style="list-style-type: none"> <li>• The information provided is subject to verification and audit and intentional misrepresentation may lead to criminal prosecution.</li> <li>• ABH@ cannot pay for income sensitive or subsidized housing.</li> <li>• Approval of a first month's assistance isn't a guarantee for subsequent month.</li> <li>• Applicant <u>may</u> be eligible for additional month(s) of assistance if there are funds available and all criteria have been met.</li> </ul> <p>_____ <i>Signature of Participant</i> <span style="float: right;">_____ <i>Date</i></span></p> <p><b>Additional Required Documentation:</b></p> <p><input type="checkbox"/> Lease <input type="checkbox"/> W-9 <input type="checkbox"/> Proof of Income</p> <p style="text-align: center;"><b>ALL FORMS MUST BE FAXED TO ABH@</b> <b>Changes made after initial submission require owner initials</b></p>