

**TENANT VERIFICATION FORM
CPC RENTAL ASSISTANCE PROGRAM**

Tenant's Name: _____

Unit Number and Address: _____

Monthly Rent: _____ Number of Bedrooms: _____

Landlord Name: _____

Landlord Address: _____

Landlord Phone: _____ Landlord Email: _____

INSTRUCTIONS:

This form should be completed and signed by the landlord in addition to a W-9 form, and returned to:

City of Waltham Housing Division

25 Lexington Street

Waltham, MA 02452

Or emailed to: HousingApplication@city.waltham.ma.us

OWNER CERTIFICATION: By executing form, the owner agrees that (1) the information provided on the form is accurate and true; (2) this unit is not assisted or covered by any other rental subsidy contract; (3) **the unit is not illegal**, and (4) this unit is made available, managed and operated regardless of race, color, creed, religion, sex, national origin, disability or familial status.

LANDLORD NAME: _____

By: _____

(Type or Print Name of Owner or Landlord Representative)

Signature

Date