Human Services
Tenant Verification Form

This form must be completed by the landlord confirming both the applicant's residency and all household members at the residence. This form must be signed and stamped by a Notary Public.

Landlord/Business Name: _____

Landlord/Business Telephone Number: _____

The Landlord needs to complete the following pertaining to the residency in question:

_____

Street Address (Including Apt./Unit/Lot #) City State Zip

List all persons, including children, living in said property.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

The person(s) listed at the above address have been my tenant since _____

and pays $_____ on a _____ basis.

Complete next question ONLY if person(s) no longer lives at said property

The person(s) listed at the above address moved out of the said residence on _____

The Section Below is to be Completed by a Notary Public and Signed by Landlord

Sworn to and subscribed before me this ____day of _____ by _____.
(Name of Affiant)

Personally known _____
Produced Identification _____
Type of Identification Produced _____

_____ _____

Landlord Signature Date Signature of Notary Public Date