



## Social Services

### Landlord Verification Form

In order to consider rental assistance, all starred (\*) information must be provided below and current. *By signing this, the landlord and the renter attest that this information is both current and accurate.*

\* Renter's Name \_\_\_\_\_

\* Address \_\_\_\_\_

\* Amount of Rent \$ \_\_\_\_\_ per ☐ Month ☐ Week (check one)

\* Total Amount Currently Due \$ \_\_\_\_\_

\* ☐ Utilities are included as part of the rent

\* ☐ Utilities are **not** included as part of the rent

If the tenant is at risk of eviction, please complete this section

Date of Eviction \_\_\_\_\_ Total Amount needed to Prevent Eviction \$ \_\_\_\_\_

\* Landlord's Name (Make check payable to) \_\_\_\_\_

\* Landlord's Mailing Address \_\_\_\_\_

\* Landlord's Phone Number \_\_\_\_\_

\* Landlord's Fax Number \_\_\_\_\_

\* Landlord's Tax ID number or Social Security Number \_\_\_\_\_

\* I, the landlord at the address listed above, verify that the information I have provided is accurate, current, and that the above named unit is not HUD-subsidized housing through Section 8 program, or public housing, etc.).

\_\_\_\_\_  
Landlord's signature and date

\* I, the renter at the address listed above, verify that the information on this form is accurate and current.

\_\_\_\_\_  
Renter's signature and date

### If the client is not the renter, complete this section

\* Amount of rent the client is responsible for \$ \_\_\_\_\_ per ☐ Month ☐ Week (check one)

\* Total Amount Currently Due \$ \_\_\_\_\_

\* ☐ Utilities are included as part of the rent

\* ☐ Utilities are **not** included as part of the rent

\* I, the client (if not the renter), living at the address listed above, verify that the information on this form is accurate and current.

\_\_\_\_\_  
Client's signature and date