Landlord / Property Manager Statement & Caseworker Verification

(For rental payment assistance)

# Landlord / Property Manager Statement

Instructions: Landlord / Property Manager must complete the section below. In order for a rent payment to be processed, the Landlord/Property Manager MUST complete and SIGN the section below.

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| I verify that I will be/am the Landlord/Property Manager for:  |
| Name of Tenant/Client |
| who will be / is residing at: |  |   |
| Rental Property Street Address |
| City, State Zip Code |
| and will be/is legally responsible for a rent payment in the amount of: | $ (Base Rent) | per month, |
| which is the basic monthly rent and does not include any other fees (i.e., late fees, legal fees, deposits, fees for other |
| services, insurance, and option products). Rent will be / is due on the: | (Day of the month – i.e., 1st) |
| and considered late on the: |  | of each month. |  |

|  |  |
| --- | --- |
| Renter will owe / owes the following other fees: | $ |
| Total amount due | $ |

|  |
| --- |
| Renter presently will owe/owes the above-noted base amount for the month/year of: |
| I agree that the Renter **will not be evicted** or **otherwise displaced** for **non-payment of rent** for the period being paid, if the monthly rent amount to be paid is received. Furthermore, I agree to accept rental assistance or other type of funds for the payment of rent. I understand that the checks may take up to 14 days to be processed and that the payment will be sent from: .I agree to waive any late fees incurred due to late payment. |
| **Make check payable to:** |

|  |  |
| --- | --- |
| Printed Name of Landlord/Property Manager | Name of Apartment Complex |

|  |  |
| --- | --- |
| Signature of Landlord/Property Manager | Date |

|  |  |  |
| --- | --- | --- |
| Landlord/Property Management Street Address  | City/State/Zip Code | Phone Number |

# Caseworker Verification

Instructions: Agency caseworker must complete section below; incomplete documents will result in delayed payment processing.

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| I confirm that the above Landlord/Property Manager Statement has been verified as correct: |
| Period covered (Month/Day/Year): from  | to |   |
| One month’s base Rent:  | Other fees: |  $  |
| Amount to be paid by AHH BN BN-WP FEF |  $  |  |
| Amount to be paid by Renter or other sources: |  $  |  |

|  |  |  |
| --- | --- | --- |
| CM Name/Signature |  | Date |