**LANDLORD’S STATEMENT**

I understand that if I make false statements or answers to any or all of the following questions and receive financial assistance or renew financial assistance as a result thereof, my file may be referred to a prosecutor for possible action.

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Landlord’s Name

Landlord’s Social Security Number/Tax ID

Street Address

Landlord’s Daytime Telephone Number

City, State, Zip Code

Street Address, City, Zip Code of Rental Property

ANY ASSISTANCE APPROVED WILL BE PAID DIRECTLY TO THE LANDLORD APPLICATION FOR ASSISTANCE DOES NOT GUARANTEE APPROVAL OF PAYMENT

**Please put an “X” on all that apply:**

 The above address of property is available for rent to the renter listed below.

 The renter listed below has been renting the above address since:

 The landlord is a relative to the renter listed below. Relation:

 $ $ Renter’s Name Monthly Rent Deposit

$

Amt. of Last Payment

$

Total Amt. Past Due

**ALL ITEMS MUST BE COMPLETED BEFORE FORM WILL BE ACCEPTED**

Landlord’s Signature Date

 $

Date of Last Pmt.

Minimum needed to avoid eviction