**LANDLORD STATEMENT**

STATE OF OHIO )

COUNTY OF )

 **,** being first duly

*name of landlord*

sworn, deposes and says:

That she/he, whose address is, and phone number is

*landlord’s address*

 \_, is the owner or primary person responsible for

*landlord’s phone number*

leasing the property located at and certified

 *address being leased*

that the information provided below about the property is complete and factual:

1. Primary Occupant(s):

*name of primary occupant
name of primary*

*occupant (if more than one)*

1. Inception of Lease \_ \_

*date*

1. Name of all adult occupants:

 ; \_ ;

*occupant occupant*

  *; \_ ;*

*occupant occupant*

 ; \_ ;

*occupant* *occupant*

Signature

# Sworn to and subscribed before me this day of

 , 20 .

Notary Public