**LANDLORD STATEMENT**

# I hereby authorize you to furnish to the Henry County General Assistance Office information concerning my application for General Assistance. I release you from liability for disclosing this information even if it is confidential for the period of one (1) year from the date of this Release.

# Signature of Applicant Date

*NOTE TO LANDLORD*:

The remainder of this form needs to be filled out completely by you – not the tenant

This is to confirm that

(Tenant name)

began residing at , (address)(city, state)

on / / . There are adults and children

residing at this address. (date)

The monthly rent is and I receive in rental assistance payment from the Section 8 Rental Assistance Program.

1. Rent is current: yes no
2. Rent is not current: yes no
3. When was the last date the tenant paid rent and what was the amount?

Other comments:

I am willing to accept General Assistance payment for rent as indicated above. As landlord, I certify by my signature that I am the property owner or owner designee, and not a relative of the tenant. I also verify that this rental property has its own kitchen, bathroom, dining, and bedroom facilities separate from mine and/or other tenants.

When said tenant’s eligibility is determined, it is the tenant’s responsibility to notify the landlord of the decision.

Name of Landlord:

Signature of Landlord: Date:

MAIL PAYMENT TO:

Telephone Number:

Tax ID: (Federal ID or Social Security #)

(Required for payment)