**DALLAS COUNTY COMMUNITY SERVICES**

902 Court Street, Suite 1

Adel, Iowa 50003

Phone: (515) 993-5869 • Fax: (515) 993-5872

**RENTAL VERIFICATION FORM**

**- - - - - MANAGER/OWNER MUST COMPLETE - - - - -**

OWNER’S NAME (or Business name):

OWNER’S Social Security # (or Business Tax ID #):

I, being the landlord/Manager state the following information on the rental property listed below to be true and correct to the best of my knowledge.

Rental Property Address:

(include Apt/Lot/Room #)

Monthly Rent Amount: Due for (month): Utilities included: Yes / No

Past Due rent owed? Yes / No If yes, amount: Month(s) owed:

Is a deposit required prior to the tenant moving in? Yes / No

Please indicate status of deposit: Amount Paid / Unpaid / Waived

If deposit is waived, please explain why:

**List All Occupants**

Name & Address where rent is to be sent:

Landlord / Manager’s phone number **:**

**If applicant is determined eligible,** I will accept a check from Dallas County Community Services for the current month’s rent and understand that the occupants may not be evicted for this complete 30-day period. **A check will be issued payable only to the individual or business name specified on the accompanying W-9 form.**

I further agree that I will receive funds from Dallas County Community Services only if the rental property is ready and available for occupancy on the agreed date (i.e., if the rental unit is not available, I will not receive any funds; if the rental unit is not available and I have already received funds, I will promptly return the funds to Dallas County Community Services).

Occupancy Date:

Landlord / Manager’s Signature: Date