**RENTAL VERIFICATION FORM**

THIS FORM MUST BE COMPLETED BY THE LANDLORD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tenant’s Name:** | [Tenant Name] | | **Date:** | [Date] |
| **Address:** | [Number/Street] | [Apt. #] | [City] | [State] |

**Number of Household Members:** [Name]

**List of Household Members**:

[Name]

[Name]

[Name]

[Name]

[Name]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Occupancy date:** | [Date] | **Security Deposit: Amount:** $ | | **Date paid:** [Date] |
| **Rent amount:** $paid | | monthly | weekly | Other: [Other] |

**If subsidized rent, please list tenant portion: $** [Amount]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rent Includes:** |  |  |  |  |
| All utilities | No Utilities | Hot Water | Heat | Electric |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Heat:** |  |  |  |  |
| Electric | Oil | Gas | Other: [Other] | |

|  |  |  |
| --- | --- | --- |
| **Date last rent was paid:** | | |
| Amount Paid: $[Amount] |  | Back rent owed: $[Amount] |

(if back rent is owed, please attach accounting of months and amounts)

**For IRS reporting, landlord’s Tax ID or Social Security # must be provided:**

|  |  |
| --- | --- |
| Tax ID #: [Number] | OR Social Security #:[Number] |

**CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)**

|  |  |
| --- | --- |
| **Landlord’s Name** | [Landlord Name] |
| **Telephone / Fax Numbers** | [Telephone Number] |
| **Landlord Address** | [Landlord Address] |
| **Name of Manager or another Representative** | [Name] |

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Landlord Signature** |  | **Date** |