**Landlord Statement**

Client’s Name: Case Number:

Address:

Please verify the name of **ALL adults** (18 yrs or older) in the household:

Number of children in the household: Number of Bedrooms:

Date lease began: Date lease expires:

Base rent: Date rent is due:

Amount of rent paid in past days: $

Are any utilities included in the rent: If yes which utilities: IPL GAS Water Sewer

# (Please circle utilities included in rent)

Does the client have a co-signer or guarantor on the lease? YES NO

Is the client’s rent subsidized? YES NO Balance owed currently: ? Please state payment arrangements made on arrearages:

If assistance is granted, a voucher requesting payment must be signed by both the landlord and the tenant and returned for payment to be processed. Voucher payments are processed weekly.

**\*\*\*Trustee Assistance may not cover the full amount of rent. Trustee does not pay arrearages or late fees \*\*\***

# Has eviction been filed? YES NO

**If YES, will you have eviction dismissed? YES NO**

**Will you accept payment from the Wayne Township Trustee if assistance is granted? YES NO**

**(LANDLORD’S SIGNATURE AND P HONE NUMBER)**

# Date: