Housing Verification Form

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| Tenant Name: Landlord Name:  Landlord Address:  Unit – Number Street  City Postal Code  Landlord's Telephone Number: |
| Property Owner name: Property Owner Telephone Number:  Property Owner Address:  Unit – Number Street  City Postal Code |
| Address of Rental Location:  Unit – Number Street  City Postal Code  Last Month’s Rent Required  Yes  No Date Address Effective:  Amount: $ per (day, week, or month) Gas: $ Utilities: $ Taxes (paid by renter): $  Insurance (paid by renter): $ Other costs (paid by renter): $ |
| Rental Arrangement (check one box):   * Renting/Rooming  Rooming (Food included)   Name of anyone else living in the same unit: Does the landlord have any family members living in the unit?  Yes  No |
| Landlord Signature: Tenant Signature: |

**Today's Date: \_**

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