



IRONTON LAWRENCE COUNTY AREA COMMUNITY ACTION Landlord Statement Emergency Rental Assistance

Landlord must complete and return this form to process application for rent assistance.* Completing this statement does not guarantee payment. You will receive a "Pledge Verification" upon approval of the tenant's application.

Tenant Information			
Name(s) on Lease:			
Complete Address of Rental Property			
Street Address:			
Street Address Line 2:			
City:	State:	Zip Code:	County:
Phone Number:		Email Address:	
Amount of One Month's Rent:		Due Date: (e.g. first day of the month)	
Which months are you requesting payment?		Total Amount Owed:	
Late fees:			
Legal Fees & Court Costs - must provide payment receipts.			
Does the tenant receive rent assistance? <input type="radio"/> Yes <input type="radio"/> No			
Are you related to your tenant? (Parent, sibling, aunt/uncle, cousin, grandparent, in-law, child, close relative of co-habitant) <input type="radio"/> Yes <input type="radio"/> No			

*Return completed forms via:

- Email: emergencyservices@ilcao.org or address provided by ILCAO intake specialist
- Drop Box or U.S. Mail:
 ILCAO Emergency Services – Rental Assistance, attn: *intake specialist name**
 305 N 5th Street, Ironton OH 45638 **name will be provided*

The following must match the information on mandatory W-9 Form.

Owner/Landlord Information			
Tenant(s) Name:			
Owner/Landlord Name (as appears on the County Auditor Site) [line 1 on W-9]			
Business Name (if applicable) [line 2 on W-9]			
Landlord Address - check will be sent to this address – must be the same as W-9 form			
Street Address:			
Street Address Line 2:			
City:	State:	Zip Code:	County:
Phone Number:		Fax Number:	
Email Address:		Landlord SS # or Employer Identification number (required for payment):	

I certify that this information is true and accurate and provided in connection with request of financial assistance for the above-named tenant. Deliberate misrepresentation may subject me to to prosecution under applicable State and Federal law. Signing this agreement to accept payment from MVCAP obligates me to guarantee at least 30 days of continued residency from the receipt of agency payment. Payment may take up to 30 days from the date of the pledge.

Landlord Signature: _____

Date: _____

A typed/electronic signature satisfies legal requirements and is permissible pursuant to Ohio Revised Code §1306.06