

LANDLORD STATEMENT

THIS FORM MUST BE COMPLETED BY THE CLIENT'S LANDLORD WHEN REQUESTING RENTAL ASSISTANCE.

Tenant's Name (Client)



IMPORTANT:
THE LANDLORD MUST COMPLETE AND SIGN THIS PAGE ALONG WITH A W-9 FORM (WITH DOCUMENTATION) IN ORDER TO RECEIVE PAYMENT(S)

The tenant has made an application to lease/rent (or is currently leasing) an apartment at the following address

Number	Street	City	Zip
--------	--------	------	-----

MOVE-IN ASSISTANCE



Clients are eligible for up to **TWO** months if three months requested (or **ONE** if only two months are requested)

MOVE-IN ASSISTANCE	Number of Bedrooms	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Number of Persons: _____
Total Amount Requested	First Month	Last Month	Security Deposit	Monthly Rent Is:				
\$	\$	\$	\$	\$				

OR PAST DUE RENT

Month Behind (e.g. May)	Amount Owed	Days Late	Late Fee (if applicable)	Number of Bedrooms	Rent is Paid	Number of Persons: _____
1				<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Weekly	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Monthly
2						
3						
				Total Amount Due: (including late fees)		\$ <input style="width: 100px;" type="text"/>

Property Owner's Name	▶	Phone with area code
Property Owner's Address - Number - Street - City - State - Zip		
Contact Person's Name - if different from owner	▶	Phone with area code
Rental Agency's Name - if applicable	▶	FAX with Area Code
Check should be made payable to - if different from owner	▶	E-Mail Address (optional)
Check should be mailed to (if different from owner's address) Number -Street - City- State- Zip		
▶ PLEASE NOTE: PAYEE NAME AND ADDRESS <u>MUST BE THE SAME</u> AS ON THE W-9 FORM		

1. If the legal owner of the property signs below, payment can be made to either the legal owner or a designee.
2. If the legal owner's designee signs below, payment can *only* be made to the legal owner unless a separate authorization to pay a designee, *written and signed by the legal owner*, accompanies this application.

Landlord's Obligations and Responsibilities:

Move-In Assistance: Once inspection is completed and assistance has been confirmed, the inspected unit must be held for this client and a valid copy of the Lease provided to the client in order to receive payment.

Delinquent Rent Assistance: Once client is approved for assistance and landlord agrees to accept payment, the landlord must allow the client to remain in the unit and to cease any eviction process in order to receive payment.



By signing below, I attest to the best of my knowledge that this information is complete

Signature of Owner/Designee	Print Owner/Designee Name	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>