



## Renter's Verification Form

To Be Filled out by **APPLICANT**:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This signature will authorize the landlord to release information regarding applicant's rent/security deposit amount for determining eligibility and case planning.

To Be Filled out by **LANDLORD**:

This certifies that \_\_\_\_\_ resides or plans to reside at the above address and owe/s the following amount/s for:

Monthly rent: \$ \_\_\_\_\_ Total rent currently due (if any): \$ \_\_\_\_\_

Security Deposit: \$ \_\_\_\_\_ Total security deposit due (if any): \$ \_\_\_\_\_

Date applicant/tenant became behind on payment: \_\_\_\_\_

CHECK PAYABLE TO: \_\_\_\_\_

**Landlord:**

**Check Mailed To (if different from landlord):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The information from above will be kept confidential and will be used by Center of Concern staff solely for the purpose of determining eligibility for services and case planning on behalf of the above named applicant/tenant.