



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:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Check Mailed To (if different from landlord):

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

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.