



RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD OR AUTHORIZED AGENT

Please print legibly.

Owner's Social Security Number or IRS/TIN Number: _____

Owner's Name: _____ Agent's Name: _____

Address: _____ Address: _____

Phone/Fax _____ Phone/Fax: _____

Name/Address check to be made payable to and mailed: _____

Is owner current with Property Taxes? Yes ___ / No ___ Water/Sewer Bill? Yes ___ / No ___

Tenant's Name: _____ Household members: Adults: ___ / Children ___

List of Household Members: _____

Rental Address: _____

(Number/Street) (Apt. #) (City) (State)

Is rental unit a: Room Apartment Single-Family Home ___ **Number of Bedrooms**

Rent Includes: All utilities No Utilities Hot Water Heat Electric Other

Type of Heat: Electric Oil Propane Other _____

Appliances Included: Stove Refrigerator Dishwasher Washer/Dryer Microwave

Rent amount: \$ _____; Paid monthly weekly other _____ Form of Payment: _____

Is property subsidized? If yes, list actual monthly rent collected: \$ _____ Tenant portion: \$ _____

Date rent is due: _____ Time period for which rent was last paid: From _____ to _____

Occupancy date: _____ Security Deposit Amount: \$ _____ Date paid: _____

Comments: _____

(if back rent is owed, please attach accounting of months and amounts)

Signature of Owner or Agent _____ Date _____

Signature of Renter _____ Date _____

Payments are made directly to the landlord. This is not an authorization for payment.