

LANDLORD'S STATEMENT

I UNDERSTAND THAT IF I MAKE FALSE STATEMENTS OR ANSWERS TO ANY OF OR ALL OF THE FOLLOWING QUESTIONS, AND RECEIVE TEMPORARY EMERGENCY FINANCIAL ASSISTANCE OR RENEWED FINANCIAL ASSISTANCE AS A RESULT THEREOF, MY FILE MAY BE REFERRED TO THE COUNTY PROSECUTOR FOR POSSIBLE ACTION.

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Client/Applicant's Name Last 4

Service Officer

Landlord's Name

Landlord's Daytime Phone Number

Landlord's Street Address

Landlord's City, State, Zip Code

Any assistance approved will be paid directly to the Landlord. Application for assistance does not guarantee approval or payment.

Please put an "X" on all that apply:

- The below address of property is available for rent to the renter listed.
 The renter listed below has been renting the below address since: _____
 The landlord is a relative to the renter listed below. Relation: _____

Tenant's Name and Address of Rental Property

\$ _____ \$ _____ \$ _____ \$ _____
Security Deposit Date Paid Monthly Rent Amt. of last payment Date of last Pmt.

\$ _____ \$ _____
Total Amt. Past Due Amt. Needed to Avoid Eviction

Landlord's Signature Date