Summit County Veterans Service Commission 1060 E. Waterloo Road, Akron, OH 43306 Phone: (330) 643-2830 Fax: (330) 785-3623 www.vscsummitoh.us

PROPERTY OWNER STATEMENT

Tenant:		
Address:		
****All information bel	ow this line should ONLY be complet	ed by the property owner****
OCCUPANTS:		
Property Owner/Owner:		
Name:		
Address:		
Phone:		
Email:		
\$	\$	
Monthly Rent	Amount Last Paid	Date Last Paid
\$	\$	
Total Amt Past Due	Amt Needed to Avoid Eviction	Security Deposit
 The tenant/occupants 	have been renting since:	
	or rental property management a rela	
 Who does tenant pay 	rent to?Property Owner	_Rental Property Management
 Who owns the rental pro- 	operty?	
	gree not evict the tenant(s), provided all pression Signature:	
	(Landlord/Autho	rized Agent Signature)
Property owner Signature:		Date:
Assistance provided paid di approval for payment.	rectly to property owner. Application fo	or assistance does not guarantee