**LANDLORD RENT VERIFICATION FORM**

Your tenant has applied with our agency for advocacy to receive financial assistance through the Atlanta COVID-19 Emergency Housing Assistance Program (EHA Program). Please fax/email this form to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** upon completion. This will ensure precise check processing, if it is determined that the tenant is eligible for assistance.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_certify that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Landlord’s/Property Manager’s Name) (Print Tenant’s Name)

Rent(s) an apartment/house from me at address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT RESIDENT**

🗌The tenant is behind in his/her rent payment(s) for the month(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020

|  |  |
| --- | --- |
| As of this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Base Rent Per Month: $\_\_\_\_\_\_\_\_\_\_\_ |
| Total Rent Due: $\_\_\_\_\_\_\_\_\_\_\_ | Total Water Fees Due: $\_\_\_\_\_\_\_\_\_\_\_ |
| Total Late Fees Due: $\_\_\_\_\_\_\_\_\_\_\_ | Total Other Utility Fees Due: $\_\_\_\_\_\_\_\_\_\_\_ |
| Total Amount Forgiven: $\_\_\_\_\_\_\_\_\_\_\_ | **OVERALL TOTAL AMOUNT DUE: $\_\_\_\_\_\_\_\_\_\_\_\_** |

**FUTURE RESIDENT**

🗌The tenant first month rent amount due: $\_\_\_\_\_\_\_\_\_\_\_\_ Security deposit amount due: $ \_\_\_\_\_\_\_

 Amount paid by tenant: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Move-In Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail check to (address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a:**  🗌Leasing Office 🗌Private Landlord *(W9 form must be provided)*

**🗌 Does the client receive any rental subsidies?**  How much? \_\_\_\_\_\_\_\_\_ What type?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🗌 If the tenant is approved through the EHA program & owes more than $5,000, I agree to not evict the tenant for at least 30 days.**

By signing below, you agree to accept a pledge letter until a check is issued by our partner agency within 14 business days upon client’s final eligibility of assistance.

­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Landlord/Leasing Officer’s Signature) (Date)

*\*Please Note: This form is to be used solely for the client intended and not be discussed with any other persons seeking financial assistance. Please direct those inquires to xxxxxxx.*