



WARREN COUNTY GENERAL ASSISTANCE

BETSY STURSMA DIRECTOR
SARAH DOWNARD COORDINATOR

RENTAL VERIFICATION FORM—MANAGER/OWNER MUST COMPLETE

OWNER'S NAME (or Business name): _____

OWNER'S SOC. SEC. # (or Business Tax ID #): _____

I _____ being the Landlord/Manager state the following information on the rental property listed below to be true and correct to the best of my knowledge.

Rental Property Address _____

(To include Apt / Lot / Rm #): _____

Lease/Rental Start Date: _____ Monthly Rental Amount: _____

Requesting Assistance for Month of: _____

Utilities Included: Electric / Gas / Water / None

Past due rent owed? YES / NO If yes, amount: _____

Month(s) owed: _____

If payment agreement for past due rent has been made, please describe: _____

LIST ALL OCCUPANTS _____

Name & address where _____

rent is to be sent: _____

Landlord/Manager's phone number: _____

If applicant is determined eligible, I will accept a check from Warren County General Assistance for the current month's rent and understand that the occupants may not be evicted for this complete 30-day period. A check will be issued payable only to the individual or business name specified on the lease/rental agreement.

Landlord/Manager signature _____

Date _____