

RENTAL ASSISTANCE: LANDLORD VERIFICATION

This form is required to be completed by your landlord or agent of the landlord. This form must be returned to our office with your application. Failure to do so will delay the processing of your application.

Renter:	# Bedrooms:
Rental Address:	
City:	State: Zip:

Past Due Rent Amount \$	Does this renter have a payment plan with you to pay back the balance of rent due: Yes No	If yes what is the payment plan?
Monthly Rent Amount \$		
Has this Unit been inspected and approved to meet HUD Housing Quality Standards? YES NO If YES what organization or individual did the inspection? _____		
Is this Unit a: Manufactured Home Mobile Home Apartment Other: _____		
Which of the following is the renter responsible for?		
Electricity: Yes No Average Monthly Cost: \$ _____	Water/Sewer: Yes No Average Monthly Cost: \$ _____	Heat: Yes No Average Monthly Cost: \$ _____
Garbage: Yes No Average Monthly Cost: \$ _____	When was this unit occupied by the renter?	Is this unit subsidized? Yes No

Landlord Name:	Phone:
Fax:	Email:
Mailing Address:	City:
State: Zip:	

If the renter is approved for assistance, the check from Foundation for Rural Housing, Inc., will be mailed directly to the Landlord.

In many cases the amount we can assist with is less that the total delinquent rent owed. If this is the case, I, the landlord, would agree to have the renter pay the remaining delinquent rent amount in agreed upon installments for \$ _____ dollars per month for _____ months.

Landlord or representative signature Date _____

**RETURN THIS FORM TO: FOUNDATION FOR RURAL HOUSING
PO BOX 314
OREGON, WI 53575
FAX: 608-238-2084 or EMAIL: wrh@wisconsinruralhousing.org**