

# FOUNDATION FOR RURAL HOUSING, INC.

## SECURITY DEPOSIT: 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: <span style="float: right;">Zip:</span>

Security Deposit Amount \$	Has this been paid: Yes No	How much \$
Monthly Rent Amount \$	Has this been paid: Yes No	How much \$
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 can the renter occupy the unit? _____	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. By accepting this assistance you are notified that any refund on the security deposit up to the amount originally paid is to be returned to Foundation for Rural Housing, Inc. These funds will then be used to assist this applicant or other applicants in need of housing funding. The Security Deposit is to pay for any damages or charges that are above the normal wear and tear of the unit at the time of the move out. It is not intended to be used to pay the last months' rent.

By signing below, you acknowledge using and returning the security deposit funds to Foundation for Rural Housing, Inc. as agreed in the above paragraph and certify to the best of your knowledge that information provided by you is accurate.

\_\_\_\_\_  
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](mailto:wrh@wisconsinruralhousing.org)**