



## Rhea Assist Landlord Verification Form

TO: \_\_\_\_\_  
Name of Landlord or Property Management Company

REGARDING (Applicant Name Printed): \_\_\_\_\_

*By my signature below, I authorize the release of the information requested below to United Way.*

Signature of Applicant

Date

**THIS SECTION TO BE COMPLETED BY THE LANDLORD (In non-applicable sections, write N/A)**

Property Address: \_\_\_\_\_

Name of Apartment Complex (If Applicable): \_\_\_\_\_

Property Manager/Company Name: \_\_\_\_\_

Are You Related To The Applicant:  YES  NO

Applicant's Tenancy Dates at Residence: \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_  Check If Current Tenant

Amount of Monthly Rent: \$ \_\_\_\_\_ Are Utilities Included:  YES  NO

Date Rent Became Delinquent: \_\_\_/\_\_\_/\_\_\_\_\_ Total Amount of Rent in Arrears: \$ \_\_\_\_\_

Has an Eviction Notice Been Issued:  YES  NO Date Issued: \_\_\_/\_\_\_/\_\_\_\_\_

If Yes, Was Eviction Notice For Non-Payment:  YES  NO

If Rent Is Paid In Full, Will Tenant Be Evicted For Other Reasons:  YES  NO

What Is Minimum Amount Tenant Needs To Avoid Eviction For 30 Days: \$ \_\_\_\_\_

Is The Property Receiving Any Type of Federal Housing Assistance:  YES  NO

If Yes, Indicate Type/Program: \_\_\_\_\_

Landlord/Representative Signature

Landlord/Rep. Printed Name

Date

Landlord Phone

Landlord Email