Housing Verification Form

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| Tenant Name: Landlord Name: Landlord Address: Unit – Number StreetCity Postal CodeLandlord's Telephone Number:  |
| Property Owner name: Property Owner Telephone Number: Property Owner Address: Unit – Number StreetCity Postal Code |
| Address of Rental Location: Unit – Number StreetCity Postal CodeLast Month’s Rent Required  Yes  No Date Address Effective: Amount: $ per (day, week, or month) Gas: $ Utilities: $ Taxes (paid by renter): $ Insurance (paid by renter): $ Other costs (paid by renter): $  |
| Rental Arrangement (check one box):* Renting/Rooming  Rooming (Food included)

Name of anyone else living in the same unit: Does the landlord have any family members living in the unit?  Yes  No |
| Landlord Signature: Tenant Signature:  |

**Today's Date: \_**

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