



**LANDLORD VERIFICATION for Rental Assistance – to be filled out by your landlord**

**(This NOT an application for assistance – renter must fill out the application on our website)**

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:	Co-Renter:
Rental Address:	
City:	State:                      Zip:

Past Due Rent Amount \$  What month(s) are they past-due on:	Does this renter have a payment plan with you to pay back the balance of rent due:  YES or NO	If yes what is the payment plan?
Monthly Rent Amount \$		
Is this unit subsidized?  YES or NO		

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

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 than 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 \$\_\_\_\_\_ per month for \_\_\_\_\_ months.

Landlord Signature:

Date:

\_\_\_\_\_

Please return this form to: [success@wisconsinruralhousing.org](mailto:success@wisconsinruralhousing.org)

