

FOUNDATION FOR RURAL HOUSING, INC.

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 \$ 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 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 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 \$ _____ 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

