

Lake County COVID Housing Relief Program (CHRP)

Landlord Verification Form

Instructions: Property Owners or Property Managers should email this completed form along with the landlord's W9 form and ACH form (if EFT desired) to the housing assistance provider that is serving your tenant. If selecting electronic funds transfer (EFT), please confirm with your tenant's provider that they are able to process EFTs.

Date: _____

Property Owner Name: _____ Landlord/Property Manager Name: _____

Property Manager's Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Tenant's Name: _____

Address of Rental Unit: _____ City: _____ State: _____ Zip Code: _____

Number of Bedrooms in Rental Unit Listed Above: _____

Monthly Rent Amount: \$ _____ Date Next Payment Due: _____

Amount of Last Payment Received: \$ _____ Date of Last Payment: _____

Lease Start Date: _____ Lease End Date: _____

Is the tenant in arrears? _____ Yes _____ No If yes, how much does the tenant owe? \$ _____

Are you currently receiving any other form of rental assistance for this household? _____ Yes _____ No

If yes, how much have you received? \$ _____ per _____

How do you wish to receive payment?

- Electronic Funds Transfer (complete attached ACH form – this is the fastest form of payment)
- Check made to _____ and sent to the above address.

The undersigned certifies that to the best of his or her knowledge the apartment referenced above contains no health or safety violations that threatens the health or safety of the tenant.

The undersigned certifies that they have not received rent payments, from a CHRP provider or any other program, that covers the unpaid rent listed above.

The undersigned agrees that they will not evict the tenant, provide the tenant with a five-day notice, or in any way ask the tenant to leave for the duration of this assistance. The undersigned agrees that if the tenant is facing eviction, the undersigned will only accept payment arrears if the eviction will be avoided.

The undersigned confirms that the above information is true and accurate to the best of his or her knowledge and that providing false representations herein constitutes an act of fraud.

Name Title

Signature Date