



COMMUNITY
PARTNERS for
AFFORDABLE
HOUSING

**EMERGENCY RENT & UTILITY ASSISTANCE PROGRAM
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 CPAH's Intake Coordinator, Janice Rosales, at jrosales@cpahousing.org. Questions? Contact Janice at 847-263-7478 ext 10.

Date: _____

Property Owner Name: _____ Property Manager Name: _____

Property Manager Address: _____

City, State, Zip: _____

Property Manager Phone: _____ Property Manager Email: _____

Address of Rental Unit: _____

City, State, Zip: _____

Tenant(s) Name: _____

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

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 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

