EMERGENCY RENTAL ASSISTANCE PROGRAM



Self-Verification of Landlord/Tenant Relationship and Rent Owed

(if no written lease AND landlord cannot or will not sign Verification of Landlord/Tenant Relationship)

Applicant's Name:		
Rental Property Address:		
Landlord's Name (name where rent is se	nt):	
Landlord's Address:		
Landlord's Phone:	Landlord's Email:	
Landlord is the management company a		No Unknown
Applicant Move-in Date:	Expiration of Tenancy (if any,	not required):
Monthly Rent Payment:	Rent Past Due:	
Are any utilities included in the rent payr	ment? Yes No If yes, please list:	
· · · · · · · · · · · · · · · · · · ·	e additional information or answer additional Verification of Landlord/Tenant Relations	•
further understand that providing faincomplete information may result in	d in this certification is true and accurate to alse representation constitutes an act of denial of the application, repayment of any (ERAP), or other remedies available under l lse Claims Act.	fraud. False, misleading, or funds received through the
Signature of Applicant	Printed Name of Applicant	Date

Last Updated: 8/11/2021