

Housing Verification Form

Tenant Name: _____

Landlord Name: _____

Landlord Address: _____
Unit – Number Street
City Postal Code

Landlord's Telephone Number: _____

Property Owner name: _____

Property Owner Telephone Number: _____

Property Owner Address: _____
Unit – Number Street
City Postal Code

Address of Rental Location: _____
Unit – Number Street
City Postal Code

Last Month's Rent Required Yes No

Date Address Effective: _____

Amount: \$ _____ per _____ (day, week, or month) Gas: \$ _____

Utilities: \$ _____ Taxes (paid by renter): \$ _____

Insurance (paid by renter): \$ _____ Other costs (paid by renter): \$ _____

Rental Arrangement (check one box):

Renting/Rooming Rooming (Food included)

Name of anyone else living in the same unit: _____

Does the landlord have any family members living in the unit? Yes No

Landlord Signature: _____

Tenant Signature: _____

Today's Date: _____