



United Way of
McMinn & Meigs Counties

LANDLORD VERIFICATION FORM

THIS FORM MUST BE COMPLETED ONLY FOR THOSE SEEKING RENT PAYMENT ASSISTANCE. THOSE SEEKING ASSISTANCE WITH MORTGAGE PAYMENTS SHOULD SUBMIT COPIES OF THEIR MORTGAGE STATEMENTS SHOWING THEY ARE IN ARREARS, AS WELL AS ANY CORRESPONDENCE FROM THEIR MORTGAGE COMPANY REGARDING THEIR ARREARAGE. RENTERS MUST ALSO TURN IN A COPY OF THEIR MOST RECENT SIGNED LEASE AGREEMENT. ALL REQUIRED FORMS MUST BE TURNED IN WITH THE COMPLETED APPLICATION IN ORDER FOR THE APPLICATION TO BE CONSIDERED FOR ASSISTANCE.

THIS SECTION TO BE COMPLETED BY THE APPLICANT

TO: _____
NAME OF LANDLORD OR PROPERTY MANAGEMENT COMPANY

REGARDING (APPLICANT NAME): _____

By my signature below, I authorize the release of the information requested below to United Way.

Signature of Applicant Date

THIS SECTION TO BE COMPLETED BY THE LANDLORD *(In any non-applicable blank write N/A)*

Property Address: _____

Name of Apartment Complex (If Applicable): _____

Property Manager/Company Name: _____

Date of Applicant's Tenancy at Residence Start Date: __/__/__ End (If Applicable): __/__/__

Amount of Monthly Rent: \$ _____ Are Utilities Included: YES / NO

Date Rent Became Delinquent: __/__/__ Total Amount of Rent In Arrears: \$ _____

Total Amount of Late Fees/Interest Charges: \$ _____

Has an Eviction Notice Been Issued: YES / NO If So, Was It For Nonpayment: YES / NO

If Rent Is Paid In Full, Will Tenant Be Evicted For Other Lease Violations? YES / NO

Is The Property Receiving Any Type of Federal Housing Assistance? YES / NO

If Yes, Indicate Type: _____

Landlord/Company Rep. Signature Landlord/Company Rep. Printed Name Date

Landlord/Company Name & Address

Landlord Phone Landlord Email