



United Way
of McMinn and Meigs Counties

McMinn-Meigs Assist Landlord Verification Form

TO: _____
Name of Landlord or Property Management Company

REGARDING (Applicant Name Printed): _____

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 non-applicable sections, write N/A)

Property Address: _____

Name of Apartment Complex (If Applicable): _____

Property Manager/Company Name: _____

Are You Related To The Applicant: YES NO

Applicant's Tenancy Dates at Residence: ___/___/___ to ___/___/___ Check If Current Tenant

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

Date Rent Became Delinquent: ___/___/___ Total Amount of Rent in Arrears: \$ _____

Has an Eviction Notice Been Issued: YES NO Date Issued: ___/___/___

If Yes, Was Eviction Notice For Non-Payment: YES NO

If Rent Is Paid In Full, Will Tenant Be Evicted For Other Reasons: YES NO

What Is Minimum Amount Tenant Needs To Avoid Eviction For 30 Days: \$ _____

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

If Yes, Indicate Type/Program: _____

Landlord/Representative Signature

Landlord/Rep. Printed Name

Date

Landlord Phone

Landlord Email

This form must be completed only for those seeking rent payment assistance. Renters must also submit a copy of their most recent signed lease agreement. All required documentation must be submitted with the completed application in order for the application to be considered for assistance. **NOTE: Renters who are related to their landlords are ineligible for assistance.**