

JACKSON COUNTY LANDLORD VERIFICATION FORM

In order for rent to be issued on behalf of the applicant, the following requirements need to be met by both the applicant and landlord:

- Landlords must fill out the Landlord Verification Form in its entirety
- Ownership of property will be verified with the Jackson County Assessor's Office
 - Rent assistance will not be paid to relatives of the applicant
- Applicant must provide a copy of the lease
- Maximum payments are as follows:
 - Payment will not exceed one month of rent
 - \$400 without utilities
 - \$450 with utilities (gas, electric, &/or water)
- The owner or property managers signature is required verifying the rental assistance provided will be accepted for the rental period indicated
- If an applicant is approved, property owner or management company is paid directly by General Assistance
 - It takes approximately 15 business days for payment to be issued
- Landlords are encouraged to notify General Assistance if an applicant intentionally damages or vandalizes the landlord's property and the landlord pursues legal action against the applicant

Applicant's Information	
Full Name:	Date:
Address of Property Rented:	Apt. #: Upper/Lower
City:	Zip Code:
Landlord Information	
Landlord or Manager's Name:	Phone:
Property Owner Name:	Fax:
Property Owner Mailing Address:	City: Zip:
Email:	
Rental Information	
Type of Rental: <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Lot Rent <input type="checkbox"/> Room <input type="checkbox"/> Transitional Housing	
Lease Date Start: ___/___/___	Lease Date End: ___/___/___
Actual Full Monthly Rent: \$	Applicant's Portion of Rent (if subsidized): \$
Dates of Rental Assistance Requested (start & end date): ___/___/___ - ___/___/___	
Total Rent Amount Requested: \$	Total Amount Applicant Owes in Back Rent: \$
List all the names of ALL adults living in the rental unit: _____ _____ _____	
How many children live in the rental unit? _____	

By signing this form, I am willing to accept General Assistance payment for rent as indicated above and will not assess a late fee against the above-named tenant(s) due to the time it takes to receive a payment. I further agree to notify General Assistance if there is a change in rental period or occupants. I certify that I am not related to any of the above-named tenants.

 Manager or Property Owner Signature

 Date