

## Landlord Agreement & Verification Form

This form serves as confirmation that the tenants \_\_\_\_\_  
Name of Tenant(s)  
residing at \_\_\_\_\_  
Rental Property Address are due/past due with their rent. The tenant is responsible for  
monthly rent in the amount of \$ \_\_\_\_\_ which is/was due on \_\_\_\_\_. As of \_\_\_\_\_, tenant has rent due for  
Today's Date  
the month(s) of \_\_\_\_\_. If full/partial payment in the amount of \$ \_\_\_\_\_ is not paid  
by \_\_\_\_\_, eviction/writ of possession will be filed. The breakdown of charges are indicated below:  
Date

Total amount of rent \$ \_\_\_\_\_ Late fees assessed \$ \_\_\_\_\_ Court fees assessed \$ \_\_\_\_\_

Utility fees assessed \$ \_\_\_\_\_ Other fees \$ \_\_\_\_\_ Total balance due \$ \_\_\_\_\_

## Landlord Contact Information

Rental company/Landlord's Name: \_\_\_\_\_

Property Manager's Name: \_\_\_\_\_

Mailing Address (must be in compliance with W-9 on file) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Landlord signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: Landlords accepting rental assistance funds from Matthews HELP Center (MHC) MUST agree to guarantee residency for thirty (30) days. Landlords accepting assistance funds must notify appropriate MHC Social Worker on or before expiration date given on commitment form in order to secure funds. Once all contingencies are satisfied, MHC Social Worker will write a business check directly to the landlord. In order to comply with IRS reporting requirements, MHC will maintain a W-9 on file for all landlords who receive assistance funds as payment for rent.

## Client Consent form

I \_\_\_\_\_, authorize Matthews HELP Center to contact appropriate individuals for the  
Client Name  
purpose of verifying information to determine my household's eligibility for available assistance on \_\_\_\_\_.  
Appointment Date

By signing this form, I am agreeing that all information provided is true and complete to the best of my knowledge. Furthermore, I understand that I am responsible to ensure that MHC has received required confirmation (notated on commitment form provided at time of appointment if eligible) in a timely manner in order to receive assistance.

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Today's Date