

<<Insert Organization Letterhead Here>>

Riverside County Emergency Food and Shelter Program First Month Landlord Verification Form

Date Assisted: _____

Client Name: _____

Client Address: _____

Client Phone Number: _____

This is to confirm that rent for _____, for the property at _____, with a monthly rent amount of \$ _____ * is due on _____.

*No deposits, fees, etc. are eligible when providing First Month assistance to individuals/households. First month's rent may be paid up to 30 days before the move-in date.

The one-month amount being paid by this organization is the same as the monthly rental amount in its entirety. *(Check one)*:

Yes

No, Explanation: _____

MUST BE FILLED OUT BY LANDLORD:

Property Owner or Designee: _____

Phone Number: _____ Address: _____

City: _____ Zip: _____

Make check payable to: _____

By signing this, I agree to accept Emergency Food and Shelter Program funds for the first one (1) month's rent payment to guarantee residency for 30 days from the date assisted.

Property Owner or Designee: _____

Date: _____

Please attach:

- Current Complete Rental/Lease Agreement
- Proof of Ownership (Title deed to rental property or current property tax statement)
- W-9 Form from Landlord or Lender

This verification form, a copy of a canceled check, and a current complete Rental/Lease Agreement must be submitted to the National Board.