

<<Insert Organization Letterhead Here>>

**Riverside County Emergency Food and Shelter Program
Landlord/Lender Verification Form**

Date Assisted: _____

Client Name: _____

Client Address: _____

Client Phone Number: _____

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

*EFSP guidelines allow for the payment of mortgage principle and interest only up to 10 days before it is due. No deposits, escrow fees, late fees, etc. are eligible when providing Rental/Mortgage assistance to individuals/households.

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

Yes

No, Explanation: _____

MUST BE FILLED OUT BY LANDLORD/MORTGAGE HOLDER:

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 one (1) month's rent payment to guarantee residency for an additional 30 days from the date assisted.

Property Owner or Designee: _____

Date: _____

Please attach:

- Current Complete Rental/Lease Agreement
- A Mortgage statement providing a breakdown of the Principle and Interest and/or the Escrow amount.
- 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 or a Mortgage Statement providing a breakdown of the Principle and Interest and/or Escrow amount must be submitted to the National Board.