



# VETERANS SERVICE COMMISSION

2595 ARLINGTON AVE. 2<sup>ND</sup> FLOOR  
Toledo, OH 43614  
(419)213-6092/fax (419)213-6082

## LANDLORD STATEMENT

**RELEASE OF INFORMATION:** My signature below means that I give the undersigned property owner (or his lawful agent) permission to furnish all information about me that is requested on this form. I understand that this information will be used to establish my eligibility for financial assistance. I also give the Lucas County Veterans Service Commission permission to contact the owner of the property (or lawful agent) where I live to obtain or clarify any information contained on this form.

<b>CLIENT'S SIGNATURE</b>	<b>CLIENT'S NAME (PRINT)</b>	<b>DATE APPLIED</b> November 3, 2020
<b>WITNESS'S SIGNATURE</b>	<b>WITNESS'S NAME (PRINT)</b> JANA OYERBIDES	<b>TITLE</b> LEAD INVESTIGATOR LUCAS COUNTY VETERANS SERVICES

**TO BE COMPLETED BY LANDLORD (OR LAWFUL AGENT)**

<b>WHOSE NAME IS LIVING UNIT RENTED?</b>	<b>DATE LEASE SIGNED: DATE MOVED IN:</b>	<b>NUMBER OF PEOPLE IN TENANT'S HOME?</b>
<b>TENANT'S STREET ADDRESS (INCLUDE APT. #)</b>	<b>CITY/STATE</b> <b>ZIP CODE</b>	<b>IS THE TENANT A RELATIVE OF THE LANDLORD? (IF YES/LIST RELATION)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO _____

**DID TENANT SIGN RENTAL LEASE WITH ANOTHER PERSON?**

YES  NO IF YES, LIST FULL NAME OF PERSON: \_\_\_\_\_

**LIST THE FULL NAMES OF ALL PERSONS WHO ARE (OR WILL BE) LIVING IN THE TENANT'S HOME (INCLUDE TENANT AND ALL CHILDREN IN THE HOME)**

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

**DOES HOUSE/APT. HAVE SEPARATE TENANT ENTRANCES?**

YES  NO NUMBER OF ROOMS IN HOME \_\_\_\_\_

**TYPE OF DWELLING (CHECK ONE)**

SINGLE FAMILY HOUSE  BOARDING HOUSE  MOBILE HOME

APARTMENT  DUPLEX/TWINPLEX

OTHER (SPECIFY: \_\_\_\_\_)

**IF TENANT SHARES THIS RESIDENCE WITH SOMEONE, DOES TENANT HAVE USE OF AND ACCESS TO THE ENTIRE HOUSE?**

YES  NO

**COMPLETE ONLY ONE SECTION (DEPENDING ON WHAT IS BEING REQUESTED)**

<b>FIRST MONTHS RENT/DEPOSIT REQUESTS ONLY:</b>	<b>EVICTON PAYMENT REQUESTS ONLY:</b>
1. HAS TENANT PAID FIRST MONTHS RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	1. BASE MONTHLY RENTAL AMOUNT: \$ _____
2. HAS TENANT PAID DEPOSIT? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MUCH IS DEPOSIT? \$ _____	2. MONTHLY AMOUNT PAID BY HUD/SECTION 8 \$ _____ (-){TO BE SUBTRACTED FROM BASE RENT}
3. HAS TENANT MOVED INTO PROPERTY AS OF THIS DATE?	3. AMOUNT OF ARREARS \$ _____ (LIST MONTHS) _____
4. <input type="checkbox"/> YES <input type="checkbox"/> NO	4. AMOUNT OF LATE FEES ASSESSED: \$ _____ (COURT COSTS) _____
5. AMOUNT OWED AS OF THIS DATE: \$ _____	5. ARE UTILITIES IN PROPERTY OWNERS NAME INCLUDED IN BASE RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT ADDITIONAL UTILITY AMOUNT IS DUE? \$ _____
	6. <b>TOTAL OF ABOVE CHARGES DUE: \$</b> _____
	7. LAST PAYMENT TENANT HAS MADE: \$ _____ DATE OF PAYMENT: _____

PROPERTY OWNER'S NAME AND ADDRESS (CITY, STATE, AND ZIP CODE)	VENDOR ID # OR SSN #:
PROPERTY OWNER'S MAILING ADDRESS (IF DIFFERENT THAN ABOVE)	PHONE NUMBER:
	FAX:
LAWFUL AGENT'S NAME (IF DIFFERENT THAN PROPERTY OWNER)	LAWFUL AGENT'S ADDRESS
	PHONE NUMBER:
	FAX:

I certify that I have completed the above information and declare that it is correct to the best of my knowledge. I understand that if I make a false statement to mislead a public official to secure rental payments from the Veterans Service Commission, I may be prosecuted and subject to fines and imprisonment.

SIGNATURE OF PROPERTY OWNER (OR LAWFUL AGENT)	DATE:
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This statement may NOT be used as proof of Lucas County residency. 12/4/2014