



JACKSON COUNTY LANDLORD VERIFICATION FORM
EMERGENCY RENTAL ASSISTANCE

Instructions: Steps 1-4 must be completed by the landlord/manager in their entirety. This form must be completed along with W-9 Form. If these are not completed, then the Tenant Application will be denied.

Please Note: If the tenant is approved, Jackson County will issue the payment within 20 days from the date of approval.

Step 1: Tennant Information

Last Name: _____ First Name: _____

Tennant Address: _____

The monthly rent payment of \$ _____ is due on the _____ day every month and includes:

Check all that apply: [] Heat [] Water [] Electricity [] Garbage

Is Tennant rent subsidized? [] Yes [] No If yes, how much in subsidized housing do you receive \$ _____

The total amount of past due or owed rent is \$ _____ and includes past due amount(s) for the month(s) of:

- [] January [] February [] March [] April [] May [] June
[] July [] August [] September [] October [] November [] December

Step 2: Landlord / Property Manager Information

Individual / Sole Proprietor: Name: _____

Business Name: _____ DBA: _____

Payment Remittance Address: _____

Phone Number: _____ Email: _____ Tax ID _____

Step 3: Vendor Registration

Complete W-9 Form – required to register or update current vendor information with our accounting department.

Step 4: Landlord Verification

Type of Rental: [] Apartment [] House [] Mobile Home [] Lot Rent

List all individuals named on the lease _____

List the names of all adults living in the home: _____

Are there any minor children (under the age of 18) living in the home? [] Yes [] No

By signing below, I am the Landlord or am authorized to sign on its/their behalf and certify all the following as it relates to the Tenant and the members of their household (collectively, "Tenant"), and participation in the program:

- A. Any assistance payments received will be applied only towards rent and utilities, owed by Tenant for the awarded period.
B. No collection or legal actions will be taken against Tenant for Fees for the awarded period.
C. Any outstanding eviction judgment against Tenant will be vacated in its entirety, and any current eviction action against Tenant will be dismissed for the awarded period.
D. I am willing to accept General Assistance payment for rent based on the timeframe outlined above, and will not assess a late fee against the above-named tenant(s) due to the time it takes to receive payment.
E. I certify that I am not related to any of the above-named tenants.

Signature of Landlord / Property Manager Named Above

Date
