

OWNER & PROPERTY VERIFICATION FORM

**CHECKS WILL BE MADE PAYABLE TO LEGAL PROPERTY OWNER OR PROPERTY MANAGEMENT
COMPANY**

Legal Property Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

If applicable, Property Management Company: _____

Address: _____ Telephone: _____

Terms of the Lease:

Tenant's (s') Names: _____

Move-in Date: _____

Property Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

of Bedrooms: _____

Total Monthly Rent: _____

Total Security Deposit: _____

Are Utilities Included: Yes _____ No _____

Is the Unit Furnished: Yes _____ No _____

Is this a Section 8 Unit? Yes _____ No _____

Is this a Low-Income Subsidized Building/Unit? Yes _____ No _____

Property Owner/Designee Signature: _____ Date: _____

Tenant's Signature: _____ Date: _____

Verified by Housing Specialist/Case Manager? Yes _____ No _____