

RENTAL ASSISTANCE PROGRAM LANDLORD VERIFICATION FORM FOR OREDAP EVICTION PREVENTION

Instructions: Steps 1-4 must be completed by the landlord or property manager. This form must be completed in its entirety and submitted along with a W-9 Form. If this form is not completed in full, the tenant application may be denied. **Please Note:** Completion of this form is not a guarantee the tenant will be approved for rental or utility assistance. Eligibility will be determined based on program criteria guidelines.

STEP 1: TENANT INFORMATION

Tenant Name (Last, First): _____

Tenant Address: _____

Phone Number: _____ Email Address: _____

The monthly rent payment of \$ _____ is due on the _____ of every month.

The total amount of past due or owed rent and fees is \$ _____.

The total amount due or owed is for the month(s) of:

2023

- March May July September November
 April June August October December

2024

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

STEP 2: LANDLORD OR PROPERTY MANAGER INFORMATION

Individual/Sole Proprietor Name (Last, First): _____

Business Name: _____ DBA: _____

Name for Payment: Individual/Sole Proprietor Name Business Name DBA

Payment Remittance Address: _____

Phone Number: _____ Email Address: _____

STEP 3: VENDOR REGISTRATION

Please complete the W-9 form the W-9 Form must be completed according to IRS instructions.

STEP 4: LANDLORD OR PROPERTY MANAGER SIGNATURE

By checking this box, I am certifying that the renter has not moved, been removed, and is still residing on the property that relates to the rental assistance payment. I further agree not to remove the renter for at least 30 days following the payment. **(Mandatory)**

By checking this box, I am verifying that all financial assistance payments received will be applied to the tenant's rent and/or late fees. **(Mandatory)**

By checking this box, I am verifying that if the tenant leaves the rental unit prior to the end of OHRA's financial assistance, any remaining funds must be returned to OHRA at PO Box 1133, Ashland, OR 97520 within 30 days of tenant move out. **(Mandatory)**

Printed Name of Landlord or Property Manager

Date

Signature of Landlord or Property Manager

Date