



www.OHRAhelps.org
HOPE/STABILITY/SELF-RELIANCE

PO Box 1133 Ashland OR 97520
Tel 541-631-2235 Fax 541-482-2291

Landlord Verification – EO Rapid Rehousing

This letter provides verification that the tenant listed below has been accepted into your rental unit. As a participant of our Rapid Rehousing Program, this tenant is eligible to receive assistance from OHRA for deposit and/or rental assistance. Please check the boxes at the bottom of this form and return to OHRA to proceed with funding.

Tenant Name(s): _____

New Tenant Address: _____

Phone Number: _____ **Email Address:** _____

Any checks will be sent to the information provided on the W-9. Please confirm your information below.

Landlord/Property Management: _____

Payment Remittance Address: _____

Phone Number: _____ **Email Address:** _____

By accepting these funds and checking the boxes below the landlord listed above agrees to the following conditions:

- 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**).
- Additionally, the landlord agrees to return any remaining deposit funds back to OHRA at PO Box 1133, Ashland, OR 97520 within 30 days of tenant move out. Funds will not be returned to the tenant (**Mandatory**).

Landlord Signature: _____ **Date:** _____

Printed Landlord Name: _____