



Landlord Statement
TO BE ISSUED EVERY 30 DAYS

Client's Name: _____ Case Number: _____

Address: _____

1. Please list the name of ALL adults (18 yrs or older) living in the household (if more space needed use back): _____, _____, _____
2. Number of children living in the household: _____ Number of Bedrooms: _____
3. Date lease began: _____ Date lease expires: _____
4. Base rent (only rent): \$ _____ If applicable Lot rent: \$ _____ Date rent is due: _____
5. Amount of rent paid in past 30 days \$ _____. Total balance of rent owed currently \$ _____.
6. Are any utilities paid to landlord ___Y___N? If yes, part of rent or billed separately? If not, what is the name of the third party billing for these services: _____.
7. Circle utility included: Electric, Gas, Water, Sewer or any other charges (i.e. washer/dryer, garage):

8. Circle utility billed separate and amounts billed: Electric \$ _____, Gas \$ _____, \$ Water \$ _____,
Sewer \$ _____, or any other charges and amounts _____
9. Does the tenant have a co-signer or guarantor on the lease ___Y___N?
10. Is rent subsidized or Section 8 ___Y___N? if yes, provide proof and tenant portion due \$ _____
11. State any payment arrangements made on arrearages (detailed, when, amounts, from what source):

12. Is the Landlord related to the tenant or any member of the household ___Y___N? Relation: _____

If assistance is granted, a landlord agreement & voucher will be issued that must be signed by both the landlord and the tenant and returned for payment to be processed. Voucher payments are processed weekly.

Trustee Assistance may not cover the full amount of rent. Trustee does not pay arrearages or late fees

Has eviction been filed ___Y___N? If YES, will you have eviction dismissed ___Y___N?

If assistance is granted, will you accept payment from the Wayne Township Trustee ___Y___N?

LANDLORDS SIGNATURE

PRINT CLEARLY

DATE

PHONE NUMBER