



RENTAL AFFIDAVIT

Tenant/Client Name: _____

Rental Property Information

This property is rented to the following name(s):
Please list the names of ALL adults (18 years & older) in the household

1) _____ 2) _____ 3) _____ 4) _____

Number of children in the household: _____ Number of bedrooms: _____ Date Lease Began: _____

Monthly Rent: _____ Amount of Rent Currently Owed: _____ (Pet Deposit\$ _____ Late Fee\$ _____)

Please circle the utilities that are included in the monthly rent that the owner pays: None Electricity Gas Water

Note to Property Owner/Manager – Your tenant has requested to apply for Rental Assistance in the Washington Township Trustee’s Office. The following portion of this form MUST be completed by the Property Owner/Manager and then submit DIRECTLY TO THE OFFICE not through the client. **If your tenant is approved for rental assistance you will be contacted by the office and informed of the amount of assistance with a request for you to come into the office with proof of identification to sign the assistance voucher and receive the check written out directly to you/your rental company.

***** Property Owner / Manager Only *****

Property Address: _____

Property Owner: _____

Property Owner Signature: _____

Property Owner Address: _____

Property Owner Phone: _____

Property Owner related to any person(s) residing in the rental property: YES NO

Will you accept the Trustee’s Office rental payment on behalf of the above client? YES NO

If Trustee payment is accepted, do you agree to allow the above client to continue living in the above unit without threat of eviction for the month of the Trustee’s assistance? YES NO

Dates & Amounts of RENT PAID: list last three payments made (payment type: ie - check, cash, credit card)

From _____ To _____ Date _____ Amount\$ _____ PmtType _____

From _____ To _____ Date _____ Amount\$ _____ PmtType _____

From _____ To _____ Date _____ Amount\$ _____ PmtType _____

Property Owner/Manager Printed Name and Signature

Phone / Date
