



LANDLORD VERIFICATION FORM



- Access To Recovery III Program (ATR III) Fax: 1-866-580-4322
- Behavioral Health Recovery Program (BHRP) – Basic Fax: 1-866-249-8766

APPLICANT'S NAME: _____ DATE: _____

Monthly Rent: \$ _____ Security Deposit: \$ _____ Applicant's move-in date: ____ / ____ / ____

Exact address where participant will be residing: _____

Name of Owner: _____ FEIN / SSN: _____

Owner Address: _____

Owner Telephone #: _____ Owner Email: _____

Unit Type: Private Apartment Shared Apartment/House Sober House Room

Other: _____ Number of bedrooms in the unit: _____

What is the maximum allowable occupancy of the dwelling or unit, per local zoning regulations? _____

How many people live in this household, per the lease agreement? _____

Are all household members related? Yes No If no, # of unrelated people live in this household _____

Please list all residents permitted to live in this unit:

Check if included in rent: Heat Electricity Gas Oil Hot Water Meals Other: _____

Owner's Attestation	Lessee's Attestation
<p>I understand that I am attesting to the following:</p> <ul style="list-style-type: none"> • I am solely responsible for determining the applicant's ability to pay the rent. • ABH® and DMHAS do not provide any recommendations regarding the applicant's ability to pay the rent, • My property is in compliance with local zoning regulations, • The information provided is subject to verification and audit and intentional misrepresentation may lead to criminal prosecution, • Approval of a first month's assistance isn't a guarantee for subsequent month. • Applicant <u>may</u> be eligible for additional month(s) of assistance. • ABH® and DMHAS are not liable if the applicant is unable to pay rent after the assistance ends. <p>_____ <i>Signature of Owner</i> _____ <i>Date</i></p>	<p>I understand that I am attesting to the following:</p> <ul style="list-style-type: none"> • The information provided is subject to verification and audit and intentional misrepresentation may lead to criminal prosecution, • Approval of a first month's assistance isn't a guarantee for subsequent month. • Applicant <u>may</u> be eligible for additional month(s) of assistance if there are funds available and all criteria have been met. <p>_____ <i>Signature of Participant</i> _____ <i>Date</i></p>

Required Documentation: Lease W-9 Proof of Income **MUST be faxed to ABH®**