

Landlord Verification Form to be given to housing vendors for completion.

General Assistance Recovery Supports Program (GA RSP)

Landlord Verification Form

The State of Connecticut has contracted with Advanced Behavioral Health to provide basic housing support payments for eligible GA RSP program participants who are in need of some assistance, and whom have no other means of payment.

Under the terms of the contract with the State of Connecticut, cash payments cannot be made to program participants. Therefore, a system to subsidize emergency basic needs payments for rental assistance by paying the vendor directly has been established.

A 1099-MIS will be sent to you at the end of the year for any rental income paid for this program participant.

RENTAL ASSISTANCE FOR PROGRAM PARTICIPANTS CAN ONLY BE PAID DIRECTLY TO PROPERTY OWNERS.

To expedite processing of this request, please complete the landlord section of this form and either mail or fax to:

Advanced Behavioral Health
General Assistance Recovery Supports Program (GA RSP)
PO Box 735
Middletown, CT 06457

Telephone #: 1-800-658-4472
Fax #: 1-866-249-8766

The program participant will be informed whether or not the request has been approved. If the request is approved, a letter will follow to you, **with a W-9 to be completed and sent to Advanced Behavioral Health**. Upon receipt of the completed W-9 form Advanced Behavioral Health will issue **payment within 30 days**.

_____ has indicated that he/she will be residing at:
(Name of program participant)

_____ Monthly/Weekly Rent: \$ _____
(Address participant is/will be residing) Security Deposit: \$ _____

Name of Owner: _____

Owner Address: _____

Owner Telephone #: _____ FEIN / SSN: _____

Length of time program participant has been residing at above address or anticipated move-in date? _____

Please forward a copy of the lease with this verification form.

Structure Type (e.g. single family house, multifamily house, apartment building, condo, etc.) _____

Unit Type (private apartment, shared apartment/house, sober house, room, etc.): _____

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? Y/N If not, how many unrelated people live in this household? _____

Please list all residents permitted to use this unit:

Please check any of the following that are included in the rent:

Heat Electricity Gas Oil Hot Water Meals Other _____

Signature of Owner: _____ Date: _____

By signing this form, I understand that I am attesting to the truth of the information above, including compliance with local zoning regulations. I further understand that this information is subject to verification and audit, and that intentional misrepresentation may lead to criminal prosecution.