

IF YOU ARE REQUESTING RENTAL ASSISTANCE, PLEASE COMPLETE THIS FORM, AND RETURN TO NANCY URICE AT ADDRESS BELOW.

Vernon Township
3050 N. Main Street
Buffalo Grove, IL 60089
Phone : (847)634-4600
Fax: (847)634-1569
LANDLORD STATEMENT

Tenants Name: _____

Tenants Address: _____

City: _____ State: _____ Zip Code: _____

Amount of one months rent \$ _____

Amount currently due for rent \$ _____

Amount currently due for late charges \$ _____

Number In Household _____ Are Utilities Included? YES () NO ()

Type of Dwelling 1) Single Family _____ 2) 2-4 Units _____ 3) 5 or More _____

Own Or Rent 1) Own _____ 2) Rent _____ 3) Subsidized Housing _____ 4) Other _____

Owners Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Owner Social Security Number: _____ - _____ - _____

PIN Number: _____

**** A 1099-Misc Income form will be sent to the Internal Revenue Service.**

By signing below I certify that I am the owner, or legal representative of the owner, of the property listed under "Tenant's Address" above and that the information provided is true and accurate to the best of my knowledge.

Owner's Signature Date: _____

Caseworker _____ Date: _____

Assessor Contacted: _____ Township: _____