

Henry County General Assistance LANDLORD STATEMENT

*Sarah Berndt, Director
106 N. Jackson, Mt. Pleasant, IA 52641
Phone: 319-385-0790 Fax: 319-385-1948*

I hereby authorize you to furnish to the Henry County General Assistance Office information concerning my application for General Assistance. I release you from liability for disclosing this information even if it is confidential for the period of one (1) year from the date of this Release.

Signature of Applicant

Date

NOTE TO LANDLORD:

The remainder of this form needs to be filled out completely by you – not the tenant

This is to confirm that _____
(tenant name)

began residing at _____,
(address) (city, state)

on ____/____/____. There are _____ adults and _____ children residing at this address.
(date)

The monthly rent is _____ and I receive _____ in rental assistance payment from the Section 8 Rental Assistance Program.

1. Rent is current: yes no
2. Rent is not current: yes no
3. When was the last date the tenant paid rent _____ and what was the amount? _____

Other comments: _____

I am willing to accept General Assistance payment for rent as indicated above. As landlord, I certify by my signature that I am the property owner or owner designee, and not a relative of the tenant. I also verify that this rental property has its own kitchen, bathroom, dining and bedroom facilities separate from mine and/or other tenants.

When said tenant's eligibility is determined, it is the tenant's responsibility to notify the landlord of the decision.

Name of Landlord: _____

Signature of Landlord: _____ Date: _____

MAIL PAYMENT TO: _____

Telephone Number: _____

Tax ID: _____ (Federal ID or Social Security #)
(required for payment)