



**RENTAL LANDLORD STATEMENT**

215 Blue Ridge St Suite E - Blairsville, GA 30512

Phone: (706) 781-3090 - FAX: (706) 745-8953

~A NEW FORM IS REQUIRED FOR EACH VISIT~

Client requesting assistance with rent: \_\_\_\_\_

**PART 1 – LANDLORD STATEMENT**

- If a Rental contact already exists, please provide a current copy.
- If there is no Rental contact, please complete the Landlord Statement below.
- ALL INFORMATION MUST BE GIVEN before consideration

I verify that \_\_\_\_\_ currently rents property at:  
 (Address) \_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Date client moved in \_\_\_\_\_ **MONTHLY RENT \$** \_\_\_\_\_ **LATE FEE \$** \_\_\_\_\_  
 Utilities included \_\_\_ Yes \_\_\_ No If yes, which \_\_\_\_\_  
 Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_ Number of pets \_\_\_\_\_

Rent due: (Circle month) Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec  
 Amount due \$ \_\_\_\_\_ Due date \_\_\_\_\_

Please make check payable to (Print) \_\_\_\_\_  
 Mail payment to: (Print) Name: \_\_\_\_\_ ( ) Landlord ( ) Manager  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

- By signing below I certify that the information given to Hope House is true and correct to the best of my knowledge. LANDLORD MUST SIGN UNLESS PERMISSION GIVEN FOR A MANAGER TO SIGN.

\_\_\_\_\_  
 Landlord's Name (PRINT) **LANDLORD'S SIGNATURE** Date

\_\_\_\_\_  
 Manager's Name (PRINT) Manager's Signature Date

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**PART 2 – CLIENT STATEMENT**

I, (Please print) \_\_\_\_\_, certify that the information provided is true and correct to the best of my knowledge. Should the information I supply to Hope House be determined to be false in an attempt to defraud Hope House, I understand I will become immediately ineligible for any assistance, as well as anyone in my household, for one (1) year or at the discretion of the Hope House Director.

\_\_\_\_\_  
 Client Signature Date