



Landlord Verification Letter - Page 1 of 2:

This form will be provided to the Tenant by the ERUC Provider

Staff name:	Tenant's Monthly Rent:
Landlord name:	Tenant Name:
Landlord phone:	Tenant phone:
Landlord Email:	Tenant address:

For audit and tax purposes, checks will only be issued to the name and address listed on the W9.

This is to confirm that this tenant is a program participant of the Emergency Rent and Utility Coalition (ERUC) Program of Your Way Home. As a program participant, they are eligible to receive assistance with their rent and/or utilities.

Below is a description of the amount of rental and/or utility assistance being provided by the ERUC Program so that the tenant may stay in their current rental unit.

Total Rental Arrears \$_____ of which 1) \$_____ back rent, 2) \$_____ late fees
C from pg. 2 ↑ **A** from pg. 2 ↑ **B** from pg. 2 ↑

Total Utilities Arrears \$_____ Total \$ Waived/Explanation: _____
D from pg. 2 ↑

<u>Months of rental/utility assistance being paid by the ERUC Program</u>	<u>Total \$ amount being paid by the ERUC Program</u>	
Rent arrearages for _____ months	\$ _____	← C from pg. 2
Utilities arrearages for _____ months	\$ _____	← D from pg. 2
Rent payments forward for _____ months (Payment will be made monthly)	\$ _____	← E from pg. 2

I understand that I will provide the following documentation to the designated agency:

- Copy of executed lease or other evidence that tenant occupies landlord's rental unit
- Copy of W-9 executed by the landlord

Certification

- I attest that all property taxes on buildings associated with any tenant receiving financial rental assistance are paid and up to date.
- I attest that all properties and buildings associated with any tenant receiving financial rental assistance meet minimum HQS standards, found [here](#).
- I certify that this information is complete and accurate. I/we agree to provide all documentation required by the ERUC program. I acknowledge that I understand that making this certification is under penalty of perjury and that intentional misrepresentation of information listed on this document is fraud.
- I attest that I will not evict participating tenant for nonpayment of rent with respect to the period covered by the assistance, from evicting tenants for nonpayment of rent for 60 days longer than the period covered by the rental assistance.

Landlord Signature: _____ **Date (mm/dd/yyyy):** _____

