RENTAL VERIFICATION

Boon Township Trustee, 224 W Main Street. Suite 202, Boonville, IN 47601
Phone: (812) 897-3540
~~Fax: (812) 897-0061~~

Date: _____ Case # _____

Tenant: _____

Address: _____

The above named individual has applied for assistance from Boon Township and has listed you as their Landlord. The applicant, by signature below, is requesting that you provide the following information so that the township may determine their eligibility for assistance.

1. Are you willing to accept a General Purchase Order from the township as rental payment for this household?
   _____
   Acceptance of a purchase order guarantees the tenant another 30 days occupancy
2. Are you related to any member of this household? _____
3. If yes, what is your relationship? _____
4. How many rooms does the unit have? _____ How many bedrooms? _____
5. How many persons presently or will live in this unit? ADULTS_____ CHILDREN _____
6. Does this unit have smoke alarms? _____
7. What utilities are included in the rent payment? _____
8. Do you require a damage/security deposit? _____ If so, how much? _____
9. Amount of rent payment $_____ per _____
10. Date of last payment _____ Amount of payment $ _____
    Form of payment _____check _____cash _____M.O.
11. Date next payment due _____
12. Does this household/tenant owe you back rent? _____ If so, how much? $_____
    Date this household/tenant moved into your unit _____

PLEASE VERIFY, CORRECT, AND/OR COMPLETE THE FOLLOWING INFORMATION

Landlord _____

Address _____

Telephone _____

**Note: In the event your tenant is determined eligible for rental assistance, please indicate how your check should be made payable, if not made payable to the above landlord.*

I do solemnly affirm that the above information is true and correct to the best of my knowledge and belief.

Landlord's signature _____ Date: _____

I hereby authorize the landlord or his designated agent to provide Boon Township with the information necessary for determining my eligibility for assistance.

Applicant's signature _____ Date:_____