



EMERGENCY HOUSING ASSISTANCE PROGRAM

LANDLORD VERIFICATION OF NEED FOR RENT OR SECURITY DEPOSIT ASSISTANCE

*Instructions: Please mail completed form with attachments to Montana Housing / P.O. Box 200528 / Helena, MT 59620-0528. Montana Housing will also provide instructions for secure electronic submission.*

Date: \_\_\_\_\_ Date Rent is Due: \_\_\_\_\_

Landlord/Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Rental Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tenant(s) Name: \_\_\_\_\_

Lease Dates: \_\_\_\_\_ (mm/dd/yy)

Tentative Move-in Date: \_\_\_\_\_ (mm/dd/yy)

Monthly Rent Amount \$ \_\_\_\_\_ Pro-Rated Amount \$ \_\_\_\_\_ Rent Arears \$ \_\_\_\_\_ Total of what month(s) \_\_\_\_\_

Amount of Late Fees accrued from April 1 forward \$ \_\_\_\_\_ Amount of Security Deposit \$ \_\_\_\_\_

Are you currently receiving any other form of rental assistance for this household? \_\_\_ Yes \_\_\_ No

If receiving rental assistance, what type:

- Voucher \_\_\_\_\_
- HUD/VASH \_\_\_\_\_
- USDA-RD \_\_\_\_\_
- Project Based Section 8 \_\_\_\_\_
- Public Housing \_\_\_\_\_
- Other \_\_\_\_\_

The following forms must be completed and attached:

- W-9
- Electronic Fund Transfer Sign Up (if desired)
- Management company contract with Owner (if applicable)



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LANDLORD CERTIFICATION

I hereby certify that to my knowledge, the unit referenced on this form is in compliance with state of Montana tenant and landlord laws referenced in MCA Title 70 Chapter 24.

By signing this form, I certify that the information presented is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Landlord/Owner

\_\_\_\_\_  
Date