

WABASH TOWNSHIP SHELTER VERIFICATION FORM
To be Completed by Landlord

Date: _____

Case No.: _____

Tenant(s) Name: _____

Address: _____

The above-named individual has applied for Township Assistance from Wabash Township. The applicant, by signature below is requesting that you provide the following information so that the township may determine their eligibility.

1. Are you related to any member of the household? YES NO
If yes, what is your relationship? _____
2. Date built or approximate age of dwelling? _____
3. Number of bedrooms _____ Total square footage _____
4. How many persons are presently living in the unit? ____ adults ____ children
Adult members names _____
5. What appliances are provided? _____
6. What utilities are included in rent payment? _____
7. Do you require a damage/security deposit? YES NO If yes, amount \$ _____
8. Are there pets in this unit? YES NO
If yes, is there an additional charge for the pets? YES NO If yes, amount \$ _____
9. What is the monthly rental payment? \$ _____
10. Does this household owe back rent? YES NO If yes, amount \$ _____
11. Is any portion of the rent paid for subsidized by HUD (US Dept. of Housing and Urban Development) or a local housing authority? YES NO
12. List all the individual names listed on the lease _____

13. Date this tenant moved into your unit _____
14. Are you willing to accept a general purchase order from the township as shelter payment for this household and NOT EVICT your tenant during the 30 day period covered by the township assistance?
YES NO

Signature of Landlord

Signature of Tenant