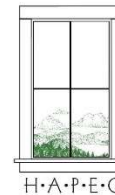




Homes and Community Renewal

Clinton County Housing Assistance Program



Housing Assistance Program of Essex County, Inc. 103 Hand Avenue, P.O. Box 157 Elizabethtown, New York 12932



H·A·P·E·C

New York State Emergency Rental Assistance Program for Underwood Estates Verification of Rent Certification

Tenant Name: \_\_\_\_\_

Address of Rental Property: \_\_\_\_\_

Is this a complete, independent rental unit? \_\_\_\_\_

If so, what is the monthly rent amount \$ \_\_\_\_\_

How many bedrooms? \_\_\_\_\_

What utilities are included in the rent? \_\_\_\_\_

Is this unit a motel or single room? \_\_\_\_\_

If so, what is the rent on a monthly basis? \_\_\_\_\_

Are meals provided? \_\_\_\_\_ If so, what is the monthly fee for board? \$ \_\_\_\_\_

Is this this rental arrangement a stay in the home of family or friends? \_\_\_\_\_

If so, what is the rental rate charged for this arrangement? \$ \_\_\_\_\_

How many rooms are available to the tenant? \_\_\_\_\_

How was the rent amount determined? (Is it a percentage of total housing cost? Please explain)

Landlord Information

Name: \_\_\_\_\_

Address where rent payments shall be mailed: \_\_\_\_\_

Please complete and submit IRS Form W-9 with this certification.

Landlord Certification:

I certify to the truthfulness of all information provided. I agree to rent to the above listed family, I understand that any assistance provided may not completely cover the rent amount due, that the rental unit meets all local building code requirements, and I understand that the Clinton County Housing Assistance Program has the right to inspect the rental unit as it may deem necessary.

Signature

Date