



EMERGENCY ASSISTANCE VERIFICATION REQUEST FORM

(To be completed by landlord)

This form is not a guarantee of payment but a request for information.

Tenant Information:

Tenant Name(s): _____

Address where assistance is being requested: _____

Is tenant(s) currently living at the above address? Yes or No

Monthly Rent: \$ _____ Total Amount Owed: \$ _____

Have you issued an eviction notice? Yes or No

If Yes, Date of Eviction _____

Minimum Amount needed to avoid eviction: \$ _____

If Deposit Request, Minimum Amount Needed \$ _____

Landlord Information:

Landlord Name(s): _____

Name/Company: _____

Address: _____

Phone Number: _____ FAX Number: _____

Are you willing to accept DHHS payment? Yes or No

Have you received payment from DHHS in the past? Yes or No

If Yes, Enter FID or ID# _____

If No, You will be contacted at a later time to be set up as a DHHS provider if the request for assistance has been approved.

Landlord Signature: _____

Date: _____

Form can be faxed to (402) 742-2351