

## Landlord/Agency Attestation Form-Housing Problem Solving 2025

### Landlord/Tenant Information:

Does this tenant have a voucher? (please circle one)    Y    N

I, \_\_\_\_\_, (Landlord/Property Management Agency) agree/have agreed to rent to: \_\_\_\_\_ (tenant/client) a unit located at: \_\_\_\_\_ (unit address/city/state).

The total monthly rent is: \_\_\_\_\_ The security deposit amount is: \_\_\_\_\_

I have received, from the agency below, the sum of: \_\_\_\_\_ toward the security deposit/monthly rent/rental arrears\*\* for this tenant (*please circle all that apply*).

**\*\*If receiving funds towards rental arrears, please include a tenant statement or invoice showing all past due charges\*\***

Check made payable to: \_\_\_\_\_

Address/City/State \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Landlord/Property Management Representative:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Tenant/Client:

\_\_\_\_\_ Date: \_\_\_\_\_

### Agency Information:

We have authorized payment to the above-named landlord in the amount of: \_\_\_\_\_ towards the security deposit/monthly rent/rental arrears (*please circle all that apply*) for the above-named tenant/client and request reimbursement for this expense under the Housing Problem Solving Grant. We certify that no duplicity of benefits (Section 8, ESHAP, low-income housing, survivor rapid rehousing, SSVF, etc )has been identified for any of the client expenses under this reimbursement (except in the case of rental arrears).

Agency Name/Address: \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_