

## Landlord/Agency Attestation Form-TRRP 2025

## Landlord/Tenant Information:

Does this tenant have a housing voi	ucher? (please circle one) Y	N
l,	, (Landlord/Prope	erty 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 amou	nt is:
I have received, from the agency be	elow, the sum of:	toward the landlord
incentive/security deposit/monthly	rent/rental arrears** for this tenant	(please circle all that apply).
**If receiving funds towards ren past due charges**	ntal arrears, please include a tenar	nt statement or invoice showing all
Check made payable to:		
Address/City/State		
Phone:	Email:	
Signature of Landlord/Property Mai	nagement Representative:	
		Date:
Signature of Tenant/Client:		
	1	Date:
security deposit/monthly rent/rent/request reimbursement for this exp benefits (Section 8, ESHAP, low-incoclient expenses under this reimburs	ral arrears (please circle all that apply) pense under the Targeted Rapid Rehouome housing, survivor rapid rehousing sement (except in the case of rental ar	nt of:towards the for the above-named tenant/client and using Grant. We certify that no duplicity of g, SSVF, etc )has been identified for any of the rears).
Agency Representative Signature:_		Date:
Email:	Phone:	