

OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

Verification of Landlord/Tenant Relationship and Rent Owed



(You can use this form if you do not have a written lease agreement with your landlord).

Applicant's Name: _____

Rental Property Address: _____

Landlord's Name (name where rent is sent): _____

Landlord's Address: _____

Landlord's Phone: _____ Landlord's Email: _____

Landlord is the management company authorized to manage the property? Yes No Unknown

Applicant Move-in Date: _____

Expiration of Tenancy (if any, not required): _____

Monthly Rent Payment: _____ Past-Due Rent: _____

Are any utilities included in the rent payment? Yes No If yes, please list:

I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representation constitutes an act of fraud. False, misleading, or incomplete information may result in denial of the application, repayment of any funds received through the Oregon Emergency Rental Assistance Program (OERAP), or other remedies available under law, including but not limited to liabilities and penalties under the Oregon False Claims Act.

Signature of Applicant Name of Applicant Date

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Signature of Applicant Name of Applicant Date