

Verification of Landlord–Tenant Relationship and Rent Owed

If you do not have a written lease and you are applying for HRSN rent and utility services, you can use this document to verify that you are renting. Your health plan will accept this instead of a formal lease agreement.

Applicant's name: _____

Rental property address: _____

Landlord's name (the person you pay rent to): _____

Landlord's address: _____

Landlord's phone: _____ Landlord's email: _____

Applicant move-in date: _____ Applicant move-out date (if known): _____

Monthly rent payment: _____ Past due rent: _____

Please list any utilities included in the
monthly rent payment (if any):

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 representations constitutes an act of fraud. False, misleading, or incomplete information may result in denial of the application, repayment of any funds received through the Health-Related Social Needs (HRSN) Rental Assistance Program, or other remedies available under law, including but not limited to liabilities and penalties under the Oregon False Claims Act.

Signature of Applicant

Printed Name of Applicant

Date

Signature of Landlord

Printed Name of Landlord

Date