OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM



Self-Verification of Landlord/Tenant Relationship and Rent Owed

(if no written lease AND landlord cannot or will not sign Verification of Landlord/Tenant Relationship)

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 authorize		No Unknown
Applicant Move-in Date:	Expiration of Tenancy (if any,	, not required):
Monthly Rent Payment:	Rent Past Due:	
Are any utilities included in the rent payment?	Yes No If yes, please list:	
I understand that I may need to provide addition to produce a written lease or a Verification of Lar my landlord.	·	
I certify that the information presented in this ce further understand that providing false represen- information may result in denial of the applicatio Rental Assistance Program (OERAP), or other ren penalties under the Oregon False Claims Act.	tation constitutes an act of fraud. Fals on, repayment of any funds received th	e, misleading, or incomplete nrough the Oregon Emergency
Signature of Applicant	Printed Name of Applicant	 Date

Last updated: 5/13/2021