OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

Self-Verification of Landlord/Tenant Relationship and Rent Owed



(You can use this form if you do not have a written lease agreement AND your landlord cannot or will not sign the Verification of Landlord/Tenant Relationship form).

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 compa	ny authorized to manage the property	? 🔲 Yes 🔲 No 🔲 Unknowr
Applicant Move-in Date:		
Expiration of Tenancy (if any, not red	quired):	_
Monthly Rent Payment:	Past-Due Rent:	
Are any utilities included in the rent	payment? No Yes If yes, p	lease list:
I understand that I may need to pro	vide additional information or answer ease or a Verification of Landlord/Tena dlord.	additional questions because
knowledge. I further understand the misleading, or incomplete informati received through the Oregon Emerg	nted in this certification is true and according false representation constitution may result in denial of the applications applications. The control of the application of the application of the control of the contro	itutes an act of fraud. False, ion, repayment of any funds AP), or other remedies available
 Signature of Applicant	Name of Applicant	 Date