



WYOMING EMERGENCY HOUSING ASSISTANCE PROGRAM LANDLORD VERIFICATION OF NEED FOR RENT OR SECURITY DEPOSIT ASSISTANCE

DATE:

Notice to Tenant:

Your signature hereby authorizes your landlord to release the below information to WCDA.

Tenant's Legal Name (Print or Type)

Tenant's Signature

DEAR LANDLORD:

Name of Tenant

 of

_____ of _____
Tenant's Address City ST Zip Code

has applied for emergency housing rental assistance from Wyoming Emergency Housing Assistance Program. In order to determine eligibility, the below information is required. **Please type or print legibly to avoid processing delays.**

Tenant's move-in date: ____/____/____

Rent is paid through: ____/____/____

New Move-Ins: Security Deposit Due \$ _____

Prorated Rent Due: \$ _____

Please list the base rent for this unit, as stated on the lease, excluding all other fees \$ _____

Are you receiving any other payments or rent subsidy for this tenant, such as Housing Choice Voucher (Section 8), Project-Based Rental Assistance (RD/USDA Voucher), Emergency Solutions Grant? Yes ____ No ____

Is the tenant related to you? Yes ____ No ____ If yes, explain relationship _____

Wyoming Emergency Housing Assistance Program will only authorize payments to the verified owner or property management company, stated below and on a valid, corresponding Substitute W-9 form.

Owner/Property Management, as stated on Substitute W-9, including DBA

Owner/Property Management Company's Physical Address (PO box **not** acceptable) City St. Zip Code

Owner/Property Management Representative Mailing Address (Payment address) City St. Zip Code

Owner/Property Management Representative Phone #

Owner/Property Management Representative email address

LANDLORD CERTIFICATION

- I attest that I have a lease agreement with the above-named tenant.
- I have not applied for or received funds from another agency for the same lost revenue that would be covered by the receipt of these WEHAP funds
- By accepting funds from the Wyoming Emergency Housing Assistance Program, I landlord agree not to evict the tenant for non-payment of rent for the time period in which funds are received.
- By signing this form, I certify that the information presented is true and accurate to the best of my knowledge.

Owner/Property Management Representative Signature

Owner/Property Management Representative (Print Name)