



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

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:

_____ of _____
Name of Tenant Tenant's Address City ST Zip Code

Your tenant 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: ____/____/____ Security Deposit Due (if applicable) \$ _____

April Rent _____ + Late Fees _____	Partial Payments received _____ Total Due _____
May Rent _____ + Late Fees _____	Partial Payments received _____ Total Due _____
June Rent _____ + Late Fees _____	Partial Payments received _____ Total Due _____
July Rent _____ + Late Fees _____	Partial Payments received _____ Total Due _____
August Rent _____ + Late Fees _____	Partial Payments received _____ Total Due _____
September Rent _____ + Late Fees _____	Partial Payments received _____ Total Due _____
October Rent _____ + Late Fees _____	Partial Payments received _____ Total Due _____
November Rent _____ + Late Fees _____	Partial Payments received _____ Total Due _____
December Rent _____ + Late Fees _____	Partial Payments received _____ Total Due _____

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 Date

Owner/Property Management Representative (Print Name)



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