Verification of Landlord and/or Property Owner

THIS FORM TO BE COMPLETED BY AGENCY STAFF ADMINISTERING THE PROGRAM Address of unit to be assisted: Name of Landlord/Owner: Address of Landlord/Owner: 1. Have staff verified the landlord and/or property owner of the unit to be assisted? Yes No Owner of record* is: *If owner of record name differs from Landlord, determine if the landlord is a property manager rather than property owner. If property manager - Agency must obtain an Agency Authorization form (HCA form 322) and a copy of the management agreement contract with the owner. 2. Verification was completed by the following method: A. Obtained a copy of the property deed (attach a copy) ☐ B. Contacted the local Property Valuation Administration (PVA) Office □ By phone Phone number called:_____ Name of Person spoke to: ☐ In person Address of office: Name of person spoke to: ____ ☐ C. Contacted the local County Clerk's Office ☐ By phone Phone number called: Name of Person spoke to: ☐ In person Address of office: Name of person spoke to: □ **D**. Other means of verification: I certify that the above information is true and correct. Agency Staff Signature

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

