Charles Town Horsemen's Assistance Fund, Inc.
Landlord Verification Form

Applicant Name: _____ Date: _____

Applicant's Physical Address: _____

_____

Applicant's Phone Number: _____

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To the Landlord/Property Owner:

The above applicant has applied to the Charles Town Horsemen's Assistance Fund, Inc. (CTHAF) for assistance in paying their rent. Please fill out the below information, sign and date the form, and return with a copy of the applicant's lease for verification purposes.

Landlord's Name: _____

Landlord's Phone Number: _____

Landlord's Mailing Address: _____

_____

Property Owner's Name (if different from the Landlord): _____

Property Owner's Phone Number: _____

Property Owner's Mailing Address: _____

_____

If Landlord is different from Owner, please provide explanation of the relationship between Landlord and the owner.

_____

_____

The above Applicant has resided in the rental property since: _____

Who else lives with Applicant in rental property: _____

_____

The Applicant is obligated to pay $_____ per month or week (circle one).

The Applicant owes the following for past due rent and late fees: $_____ is the total due made up of:

$_____ Rent for the period of time: _____ to _____

$_____ Late fees for the period of time: _____ to _____

I/We, the Landlord and/or Property Owner of the above reference rental property, under the penalties of perjury, verify that all information provided herein to the CTHAF is true and accurate. I understand that if I provide false information to obtain rental payments that are not due, I will be obligated to return all monies paid and may face both civil and criminal charges for these false representations.

_____ _____

Landlord date Property Owner date