

**EMERGENCY ASSISTANCE VERIFICATION REQUEST FORM**  
**(To be completed by landlord)**  
This form is not a guarantee of payment but a request for information.

**Tenant Information:**

Tenant Name(s): \_\_\_\_\_

Address where assistance is being requested:

\_\_\_\_\_

Is tenant(s) currently living at the above address?  Yes or  No

Monthly Rent: \$ \_\_\_\_\_ Total Amount Owed: \$ \_\_\_\_\_

**Have you issued an eviction notice?**  Yes or  No

If Yes, Date of Eviction \_\_\_\_\_

Minimum Amount needed to avoid eviction: \$ \_\_\_\_\_

**If Deposit Request, Minimum Amount Needed \$ \_\_\_\_\_**

**Landlord Information:**

Landlord Name(s): \_\_\_\_\_

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Are you willing to accept DHHS payment?  Yes or  No

Have you received payment from DHHS in the past?  Yes or  No

If Yes, Enter FID or ID# \_\_\_\_\_

If No, You will be contacted at a later time to be set up as a DHHS provider if the request for assistance has been approved.

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form can be faxed to (402) 595-1901 or (402) 471-9209.**