LANDLORD RENTAL CERTIFICATION

TO: COOPERATIVE FOR HOUSING AND SUPPORT
P.O. Box 6265
Omaha, NE 68106-6265

Phone: 866-933-7510
Fax: 866-402-6182

_____ **DATE:** _____
Name(s) on Lease Agreement (All Responsible Parties)

_____ _____
Rental Address City State Zip **Term of Lease**

One month's rent is: $_____ _____
County that Housing Unit is Located

This unit has _____ bedroom(s) and a description of the space used by the tenant is as follows:

☐ Entire Unit ☐ 1 Bedroom and Use of Common Areas ☐ Other – Please Specify: _____

DATE **INITIAL**

As of today,_____tenant owes a total of: $_____ *with late fees being:* $ _____
As of today, _____tenant owes a total of: $ _____*with late fees being:* $ _____
As of today, _____tenant owes a total of: $ _____*with late fees being:* $ _____

What utilities, if any, are included in rent? ☐ None ☐ Electric ☐ Gas ☐ Water/sewer ☐ Garbage

Is this residence **CURRENTLY** Section 8/HUD subsidized? ☐ Yes ☐ No

Deposit* is: $_____ ***Initial*** *application for residence only*

***Any security deposit dollars provided by The Cooperative for Housing and Support must be returned to The Cooperative for Housing and Support upon termination of tenant lease**

The rental is available as of: _____ (Date prospective tenant may move in)

→Tenant Must Have A Copy of Signed Rental Lease←

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Landlord's Information

_____
Signed: Landlord's signature and Date

Landlord's name:***(Please print)*** _____
Please **PRINT**:

_____ _____
Name for the check to be written to *Phone Number(s)*

_____
Address *City* *State* *Zip*

→→SS# or Federal Id. Number: _____

Office Use Only (Comments): _____

Housing Unit Verified With County Assessor: Yes / No Employee Initials: _____Date: _____

LRC Coincides with Lease and Provide: Yes / No Employee Initials: _____Date: _____

HHS-LRC 4/13