**EMERGENCY FOOD & SHELTER PROGRAM (EFSP)**

**RENT & MORTGAGE VERIFICATION FORM**

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| **EFSP Phase:** | Choose an item. | **Jurisdiction:** | Choose an item. |
| **LRO Name & LRO#:** | Choose an item. |  |  |

**Client Information**

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| --- | --- |
| Client Name: | Click or tap here to enter text. |
| Client Address *(City/State/Zip)*: | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- |
| **Type of Assistance:** | **Rent – pick ALL that apply** | | | **Mortgage -pick ALL that apply** | | |
|  | Past due rent | | | Past due mortgage | | |
|  | Current month’s rent | | | Current month’s mortgage | | |
|  | First month’s rent (effective/move-in date-*Month/Date/Year*): | | | | | |
|  |  | |  | | Click or tap here to enter text. | |
| **The total amount owed by the client:** | | $ Click or tap here to enter text. | | | |

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| --- | --- | --- | --- |
| **Monthly base rent-mortgage**  *(principle & interest only)* | **The amount being paid is for the month(s) of** (*Month/Year*) | Due Date (*Month/Date/Year*) | **Amount unpaid.**  per month |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **The total amount being paid by EFSP:** | $ Click or tap here to enter text. |

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| *LROs may pay up to 90 days (3 months) for clients per phase if it is necessary to maintain housing. The amounts owed above must come from the landlord and not a three-day notice or client statement. The amounts owed above must be for base rent or principal and interest only. Current month’s rent may be paid up to 10 calendar days before the due date, and past due amounts must be outstanding at the time of payment. First month’s rent may be paid up to 30 days prior to move-in date. No deposits, escrow fees, late fees, etc. are eligible when providing assistance to individuals/households. First month’s mortgages are not allowed.* |

**LRO Verification** (To be completed by the LRO staff)

|  |  |  |  |
| --- | --- | --- | --- |
| LRO Staff Name: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |
| LRO Staff Signature: |  |  |  |

**Landlord/Mortgage Holder Verification** (To be completed by the landlord/mortgage holder)

This is to confirm that the above information is accurate, and payment made by this agency will guarantee residency for an additional 30 days.

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| **Vendor Name**: | Click or tap here to enter text. | |
| **Vendor Mailing Address** (*Street/City/State*): | Click or tap here to enter text. | |
| **Property Manager Phone:** | Click or tap here to enter text. | |
| **Property Manager (Print and Sign)**: |  | |
| **Date:** | Click or tap here to enter text. |  |