



Butler County Veterans Service Commission

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LANDLORD STATEMENT

RELEASE OF INFORMATION My signature below means that I give the undersigned property owner (or his lawful agent) permission to furnish all information about me that is requested on this form. I understand that this information will be used to establish my eligibility for financial assistance. I also give the Butler County Veterans Service Commission permission to contact the owner of the property (or lawful agent) where I live to obtain or clarify any information contained on this form.

Client's Signature	Client's Name (Print)	Date Applied
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TO BE COMPLETED BY LANDLORD (Ohio law requires rental property to have *Residential Rental Property Registration*; if not already done so, form is attached.)

Street Address (include Apt. # if any)		City	State	Zip Code	
Type of Dwelling: (check one) <input type="checkbox"/> Single Family House <input type="checkbox"/> Double <input type="checkbox"/> Rooming House <input type="checkbox"/> Apartment <input type="checkbox"/> Boarding House <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home	Does house/apt. have separate tenant entrances? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of people in tenant's home:	Number of rooms (do not include bath)	How long at the address?	Phone Number:
In whose name is living unit rented?		Did tenant sign rental lease with another person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list FULL name of person			
If customer shares this residence with someone, does customer have use of and access to the entire house? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the rooms customer is permitted to use.		Check which of the following are INCLUDED in tenant's rent: <input type="checkbox"/> Heat <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Other			
List the FULL names of All persons who are (or will be) living in tenant's home. Check those who are related to tenant, if known.					
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
FOR METROPOLITAN/SECT. 8 HOUSING: Does HUD/Sec. 8 pay a portion of tenant's rent? <input type="checkbox"/> No <input type="checkbox"/> Yes - \$ _____ Does HUD/Sec. 8 pay a portion of tenant's utilities? <input type="checkbox"/> No <input type="checkbox"/> Yes - \$ _____ HUD/Sec. 8 sends the check payable to: <input type="checkbox"/> Customer <input type="checkbox"/> Utility Co. <input type="checkbox"/> Both		If someone else pays or contributes to the payment of rent, complete the following: _____ Name of contributor _____ Relationship to tenant _____ Amount contributed per month			
Monthly rent charged (do not include late charges)	\$ _____	Is rent in arrears? <input type="checkbox"/> No <input type="checkbox"/> Yes	List the following information on the last payment the tenant has made:		
Total amount paid by customer	\$ _____	If yes, how many months? _____	\$ _____ Amount Paid		
Total amount paid by HUD/Sec. 8	\$ _____	Total amount owned is:	_____		
Total amount of deposit (if any)	\$ _____	as of this date	_____		
Property Owner's Name	Property Owner's Address	Street	City	State	Zip Code
Property Owner's Mailing Address (If different than above)			Phone		
Lawful Agent's Name (If different than Property Owner)		Lawful Agent's Address		Phone	
The renter or occupant is a relative of the landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No Relation					

I certify that I have completed the above information and declare that it is correct to the best of my knowledge. I understand that providing false, misleading, or incomplete information to mislead a public official to secure rental payments may result in the denial of this application now, and in the future, as well as subject me to restitution and criminal prosecution.

Signature of Property Owner (or lawful agent) _____
Date: _____

This statement must be notarized – additional documentation is required by the Applicant to complete Financial Application.