

**CITY OF PHOENIX**  
**EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM**  
**LANDLORD VERIFICATION FORM**

Instructions: Steps 1-4 must be completed by the landlord or property manager. Step 5 must be completed by the tenant. This form must be completed in its entirety and submitted along with a W-9 Form. If this form is not completed in full, the tenant application may be denied.

**Please Note:** Completion of this form is not a guarantee the tenant will be approved for rental or utility assistance. Eligibility will be determined based on program criteria guidelines.

**STEP 1: TENANT INFORMATION**

Tenant Name (Last, First): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

The monthly rent payment of \$ \_\_\_\_\_ is due on the \_\_\_\_\_ of every month.

The total amount of past due or owed rent and fees is \$ \_\_\_\_\_.

The total amount due or owed is for the month(s) of:

**2020**

March       May       July       September       November

April       June       August       October       December

**2021**

January       March       May       July       September       November

February       April       June       August       October       December

**STEP 2: LANDLORD OR PROPERTY MANAGER INFORMATION**

Individual/Sole Proprietor Name (Last, First): \_\_\_\_\_

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Name for Payment:  Individual/Sole Proprietor Name  Business Name  DBA

Payment Remittance Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**STEP 3: VENDOR REGISTRATION**

**Please complete the W-9 form** the W-9 Form must be completed according to IRS instructions.

**STEP 4: LANDLORD OR PROPERTY MANAGER SIGNATURE**

By checking this box, I am certifying that the renter has not moved, been removed, and is still residing on the property that relates to the rental assistance payment. I further agree not to remove the renter for at least 30 days following the payment. **(Mandatory)**

By checking this box, I am verifying that all financial assistance payments received will be applied to the tenant's rent and/or late fees. **(Mandatory)**

\_\_\_\_\_  
Printed Name of Landlord or Property Manager      Date

\_\_\_\_\_  
Signature of Landlord or Property Manager      Date

**STEP 5: TENANT SIGNATURE**

I, \_\_\_\_\_, hereby authorize the above-mentioned landlord or property manager to apply for assistance on my behalf and release information regarding my household situation and application status. I understand the provided information is needed to determine eligibility for emergency financial assistance.

\_\_\_\_\_  
Printed Name of Tenant

\_\_\_\_\_  
Signature of Tenant      Date