



KITSAP COMMUNITY
Resources

A Community Action Agency creating opportunities for people in need.

Landlord / Manager Statement Form

LANDLORD / MANAGER: Complete all sections below. Complete only the information you personally know to be true. Write "Unknown" to questions you cannot answer.

A. Information regarding the rental or leased unit, tenant, and rental amount. Is this Subsidized/Section 8?
Yes ___ No ___

Tenant's Name: _____	
Date Moved in: _____	Monthly Rent \$ _____
Address _____	Apt # _____
City _____	State _____ Zip Code _____

B. Other Adults and children who live at the above address are:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

C. Name(s) of Employed Persons: _____

D. Name of person(s) who pay(s) the rent: _____

E. The tenant works for part of the rent. ___ Yes ___ No If yes the portion of rent worked for is: _____

F. Is tenant responsible for heat costs separate from rent? ___ Yes ___ No

G. What is the main source of heat? _____ What heat source does the tenant pay for? _____

LANDLORD/MANAGER NAME: _____	
STREET ADDRESS OR PO BOX NUMBER: _____	
CITY: _____	STATE _____ ZIP CODE _____
WORK NUMBER: (_____) _____	HOME NUMBER: (_____) _____
LANDLORD/MANAGER SIGNATURE: _____	DATE: _____
VERIFIED LANDLORD VIA TELEPHONE CALL: _____	DATE: _____
Case Manager's Signature	

****LANDLORD WILL BE VERIFIED VIA TELEPHONE CALL****

****Bring this completed form with you to your appointment****

< DO NOT MAIL THIS FORM >

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