



YCAN Help Programs LANDLORD VERIFICATION OF NEED FOR RENT OR SECURITY DEPOSIT ASSISTANCE

Please visit our website at www.ycanhelp.org under the landlord page for more information.

Notice to Tenant:

Your signature hereby authorizes your landlord to release the below information to YCAN and our payment processing center at Align.

Is this request COVID-19 related? Yes No

Tenant's Legal Name

Tenant's Signature

Date

Dear Landlord:

_____ of _____
Name of Tenant Tenant's Address City State Zip Code

has applied for emergency housing assistance from the Yellowstone Country Assistance Network. To determine eligibility, the information below is required. **Please print or type legibly to avoid processing delays.**

Tenant's move-in date: ____/____/____ Rent has been paid through ____/____/____

New Move-Ins: Security Deposit Due \$ _____ Prorated Rent Due: \$ _____

Please list the base rent for this unit as stated on the lease, excluding all other fees \$ _____

Are you receiving any other payments or rent subsidy for this tenant, such as Housing Choice Voucher (Section 8), Project-Based Rent Assistance (RD/USDA Voucher), Emergency Solutions Grant, Wyoming Emergency Housing Assistance Program? Yes No

Is the tenant related to you? Yes No If yes, explain relationship _____

Yellowstone Country Assistance Network will only authorize payments to the verified owner or property management company stated below and a valid, corresponding Substitute W-9 form.

Owner/Property Manager, as stated on Substitute W-9, including DBA.

Owner/Property Manager Physical Address (PO Box not acceptable) City State Zipcode

Owner/Property Manager Mailing Address (Payment Address) City State Zipcode

Owner/Property Management Representative Phone # Owner/Property Management Representative Email Address

Please check here if you would like an ACH payment over a check, if the tenant qualifies.

LANDLORD CERTIFICATION

- I attest that I have a lease agreement with the tenant named above.
- I have not applied or received funds from another agency to pay for the same lost revenue covered by the receipt of these YCAN funds.
- By accepting these funds from YCAN, I agree not to evict the tenant for non-payment, only for the period covered by the YCAN funds are received.
- By signing this form, I certify that the information presented is true and accurate to the best of my knowledge.

Owner/Property Management Representative Signature

Owner/Property Management Representative (Print Name)

Date