MARICOPA COUNTY
HUMAN SERVICES

Landlord Verification Form

Instructions: Parts 1-4 must be completed by the landlord or property manager. Please note that if the tenant is approved as a vendor, Maricopa County Human Services Department will issue payment within 10 business days from the date of approval.

Part I. Tenant Information			
Tenant name (First, Last):			
Tenant residential address:			
The total monthly payment: (Must match Lease or Amended Lease)	$	Every month is due on:	
The total amount owed by the tenant is: Includes rental, applicable fees, past due rent, current month of rent, late fees, court fees, and related costs.	$		
Tenants' month(s) past due: Indicate in the box(s) below with the month(s) and amount(s) past due (**rent only**). Should your Tenant leave the residence with a balance from funds received by this program, the Landlord or Property Manager will advance the balance to the Tenant.			
Month:	$	Month:	$
Month:	$	Month:	$

Part II. Property Owner or Property Manager Information			
Individual/Sole Proprietor Name (First, Last):			
Business Name:		DBA:	
Name on Payment:	○ Individual/Sole Proprietor	○ Business Name	○ DBA
Payment Remittance Address:			
Phone Number:		Email Address:	

Part III. W-9 Form

The Landlord or Property Manager must complete a W-9 form according to IRS Instructions by visiting https://www.irs.gov/pub/irs-pdf/fw9.pdf.and include it as an attachment when submitting this form.

Part IV. Landlord or Property Manager Signature

By signing this form, I certify that:

- Should the Landlord or Property Manager change before receiving payment, the payments received shall be returned to Maricopa County Human Services Department.
- Upon receipt of rental payment, any judgment for eviction shall be satisfied, all eviction actions for nonpayment shall be dismissed, and the Tenant will not be evicted for the months in which rent is paid by this program, nor imposed late fees while waiting for payment.
- Payments received shall be applied to rent and/or applicable fees for the Tenant indicated above.
- This assisted unit is in compliance with all applicable rental-property registration requirements under A.R.S. § 33-1902
- The assisted unit complies with applicable health and safety requirements and is legally available for residential occupancy.
- All required attachments are included with this form.

Printed Name of Landlord or Property Manager		Date
Signature of Landlord or Property Manager		Date

FOR INTERNAL USE ONLY – SERVICE PLAN		
Fund Source:	Amount: $	Month:
Fund Source:	Amount: $	Month:
Fund Source:	Amount: $	Month:
Fund Source:	Amount: $	Month: