



**Landlord Verification and Agreement for Program Participation**

Tenant Customer Name: \_\_\_\_\_

Property Address \_\_\_\_\_

Please complete the table below indicating the months and amounts past due:

Month	Rent Charge Type (i.e. late rent, late fees)	Amount Owed

**Landlord Agreement:**

*I, (Landlord/organization name) \_\_\_\_\_ agree to accept the amount provided by **OIC of Clark Co** \_\_\_\_\_ (agency name) for the above tenant to cover expenses back to April 1, 2020. I further agree to not increase the rent costs prior to receipt of CDBG-CV Home Relief Grant payment or to evict the tenant for nonpayment for the months covered through this assistance program.*

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email Address