



# City of Auburn, Maine

General Assistance Office

Jeff Tardif, Manager

60 Court Street | Auburn, Maine 04210

www.auburnmaine.gov | 207.333.6601 X 1411

## VERIFICATION OF RENTAL UNIT

TO BE COMPLETED BY LANDLORD OR MANAGER

Tenant's name: \_\_\_\_\_ Number of tenants occupying unit: \_\_\_\_\_

Number of adults: \_\_\_\_\_ Number of children: \_\_\_\_\_

Names of all who are or will be occupying the unit: \_\_\_\_\_

Is this person currently occupying this unit? Yes No

If no, when is the unit available? \_\_\_\_\_ If yes, when did they move in? \_\_\_/\_\_\_/\_\_\_

Is a security deposit required? Yes No If yes, how much? \_\_\_\_\_

Is the tenant a relative of the owner? Yes No If yes, relationship: \_\_\_\_\_

Rent amount \$ \_\_\_\_\_/weekly \$ \_\_\_\_\_/monthly Rent due date: \_\_\_/\_\_\_/\_\_\_

Does the tenant receive rent subsidy from another agency? Yes No

If yes, what is the tenant's portion of the rent \$ \_\_\_\_\_/weekly \$ \_\_\_\_\_/monthly

Does the tenant receive a utility allowance? Yes No If so, how much? \$ \_\_\_\_\_

Is the rent current at this time? Yes No

If no, what is the amount owed? \_\_\_\_\_ and for what period of time? \_\_\_\_\_

Date rent was last paid: \_\_\_/\_\_\_/\_\_\_ Amount paid: \$ \_\_\_\_\_

Address of rental unit: \_\_\_\_\_ Apt/room number: \_\_\_\_\_

Type of rental unit: **(circle one)** single house apartment mobile home rooming house other \_\_\_\_\_

Total number of rooms: \_\_\_\_\_ Total number of bedrooms: \_\_\_\_\_

Does rental have its own bathroom? Yes No Does rental have its own kitchen? Yes No

Utilities included: **(circle)** heat electricity gas hot water water/sewer

If unheated, how is the unit heated? **(circle one)** electric gas oil other: \_\_\_\_\_

Legal owner of the property: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Email: \_\_\_\_\_

Manager or agent for the above owner: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Email: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

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

**NOTICE:** This form is not intended to imply that the prospective tenant/tenants are either eligible for assistance or that they will necessarily be renting an apartment from you. It can/will be used to verify residence or accommodations. If the tenant is found to be eligible for rental assistance, a voucher will be given for payment. The voucher must be signed by the legal owner of the property or their agent and returned to this office for payment. The voucher must be returned within 30 days of the date issued or it will expire and become void. A W-9 tax form is required before any payments are issued. All rental payments will be made directly to the landlord, not the tenant.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

(Owner or Agent)