

Rental Agreement Verification Form

All information must be completed in blue ink. Any changes must be initialed by all parties signing this form.

Name of Renter: _____

Address of Rental Property: _____

Date of Rental Agreement: _____

Monthly Rent Amount: \$ _____

Rent Due Date: _____

Name and Mailing Address of Payee/Property Owner: _____

I, by my signature below, do hereby attest that the information above is true and correct. I understand that this is a federal program and falsification of information is a crime and I may be prosecuted to the fullest extent of the law for knowingly providing false information. I understand that I must provide a W-9 to the South Central Workforce Investment Board before payment will be issued.

Signature of Payee/Property Owner

Date

I, by my signature below, do hereby attest that the information above is true and correct. I understand that this is a federal program and falsification of information is a crime and I may be prosecuted to the fullest extent of the law for knowingly providing false information.

Signature of Participant

Date

SCWIB is an Equal Opportunity Employer/Program. Auxiliary Aids and Services are available upon request to individuals with disabilities.

Office Use Only

The participant, toolbox application ID# _____ is enrolled in the WIA program and is eligible for and has justification for rental assistance supportive service.

Signature Skills Specialist

Date