



DALLAS COUNTY COMMUNITY SERVICES

902 Court Street, Suite 1

Adel, Iowa 50003

Phone: (515) 993-5869 • Fax: (515) 993-5872

RENTAL VERIFICATION FORM

----- MANAGER/OWNER MUST COMPLETE -----

OWNER'S NAME (or Business name): _____

OWNER'S Social Security # (or Business Tax ID #): _____

I, _____ being the landlord/Manager state the following information on the rental property listed below to be true and correct to the best of my knowledge.

Rental Property Address: _____

(include Apt/Lot/Room #) _____

Monthly Rent Amount: _____ Due for (month): _____ Utilities included: Yes / No

Past Due rent owed? Yes / No If yes, amount: _____ Month(s) owed: _____

Is a deposit required prior to the tenant moving in? Yes / No

Please indicate status of deposit: Amount _____ Paid / Unpaid / Waived

If deposit is waived, please explain why: _____

List All Occupants

Name & Address where

rent is to be sent:

Landlord / Manager's phone number : _____

If applicant is determined eligible, I will accept a check from Dallas County Community Services for the current month's rent and understand that the occupants may not be evicted for this complete 30-day period. **A check will be issued payable only to the individual or business name specified on the accompanying W-9 form.**

I further agree that I will receive funds from Dallas County Community Services only if the rental property is ready and available for occupancy on the agreed date (i.e., if the rental unit is not available, I will not receive any funds; if the rental unit is not available and I have already received funds, I will promptly return the funds to Dallas County Community Services).

Occupancy Date: _____

Landlord / Manager's Signature: _____ Date _____