



LANDLORD VERIFICATION FORM

Instructions: Steps 1-4 must be completed by the landlord/manager. This form must be completed along with either vendor registration and/or submission of W-9 Form (Step #3). If these are not completed then the Tenant Application will be denied.

Please Note: If the tenant is approved, Maricopa County Human Services Department will issue the payment within **5-10 business days** from the date of approval. Households may receive up to three (3) standard assistance payments for eligible months of past due and/or owed rent.

STEP 1: TENANT INFORMATION

Tenant Name (First Last): _____

Tenant Resident Address: _____

The monthly rent payment of \$_____ is due on the _____ of every month.

The **total amount** of past due or owed rent and fees is \$_____.

The total amount due or owed is for the **2020** month(s) of:

- | | | | | |
|--------------------------------|-------------------------------|---------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> March | <input type="checkbox"/> May | <input type="checkbox"/> July | <input type="checkbox"/> September | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> June | <input type="checkbox"/> August | <input type="checkbox"/> October | <input type="checkbox"/> December |

STEP 2: LANDLORD/MANAGER INFORMATION

Individual/Sole Proprietor Name (First Last): _____

Business Name: _____ DBA: _____

Name on Payment: ☐ Individual/Sole Proprietor Name ☐ Business Name ☐ DBA

Payment Remittance Address: _____

Phone Number: _____ Email Address: _____

STEP 3: VENDOR REGISTRATION

Landlords must either register as a Maricopa County vendor or provide a W-9 Form.

Please complete one of the following:

- Register as a Maricopa County vendor at: <https://azdom-vss-ext.hostams.com/PRDVSS2X1/Advantage4>
Enter your Vendor Code: V_____ OR
- Print out and complete the W-9 Form by visiting <https://www.irs.gov/pub/irs-pdf/fw9.pdf>. The W-9 Form must be completed according to IRS instructions, and then attached to this document.
☐ **By checking this box**, I am verifying that the completed W-9 Form has been attached.

STEP 4: LANDLORD/MANAGER SIGNATURE

☐ By checking this box, I am certifying that the Tenant will not be evicted for 30 days following the date payment is received. **(Mandatory)**

☐ By checking this box, I am verifying that all standard assistance payments received must be applied to rent and/or fees. **(Mandatory)**

☐ By checking this box, I am verifying that I am voluntarily waiving late fees owed by the Tenant and associated with the past due amounts Maricopa County will be paying. **(Optional)**

Printed Name of Landlord/Manager _____

Phone Number or Email Address _____

Signature of Landlord/Manager _____

Date _____

TO BE COMPLETED BY CAP AGENCY ONLY

Application #: _____	Staff Initials: _____	Date: _____
Month: _____ Fund Source: _____	Amount: \$ _____	V#: _____
Month: _____ Fund Source: _____	Amount: \$ _____	V#: _____
Month: _____ Fund Source: _____	Amount: \$ _____	V#: _____