



LANDLORD VERIFICATION FORM

Instructions: Steps 1-4 must be completed by the landlord and/or property 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 **10 business days** from the date of approval. Households may receive 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 and/or 2021** month(s) of:

- | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Mar '20 | <input type="checkbox"/> May '20 | <input type="checkbox"/> Jul '20 | <input type="checkbox"/> Sep '20 | <input type="checkbox"/> Nov '20 | <input type="checkbox"/> Jan '21 |
| <input type="checkbox"/> Apr '20 | <input type="checkbox"/> Jun '20 | <input type="checkbox"/> Aug '20 | <input type="checkbox"/> Oct '20 | <input type="checkbox"/> Dec '20 | <input type="checkbox"/> Feb '21 |

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. If this has been provided to the same tenant previously, it is not required. For first time tenants, please complete one of the following:

1. Register as a Maricopa County vendor at: <https://azdom-vss-ext.hostams.com/PRDVSS2X1/Advantage4>
Enter your Vendor Code: V _____ OR
2. 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: _____

Select the month(s) approved for assistance (1 month = \$1,500.00):

- | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Mar '20 | <input type="checkbox"/> May '20 | <input type="checkbox"/> Jul '20 | <input type="checkbox"/> Sep '20 | <input type="checkbox"/> Nov '20 | <input type="checkbox"/> Jan '21 |
| <input type="checkbox"/> Apr '20 | <input type="checkbox"/> Jun '20 | <input type="checkbox"/> Aug '20 | <input type="checkbox"/> Oct '20 | <input type="checkbox"/> Dec '20 | <input type="checkbox"/> Feb '21 |

Total Amount of Rental Assistance Approved: \$ _____