



111 N. Hamilton Street
Suite 1-D
Georgetown, KY 40324
Phone: 502-868-1050

REQUEST FOR VERIFICATION OF RENT

This portion to be completed by applicant/co-applicant:

Applicant/Co-Applicant Name: _____

Applicant/Co-Applicant Address: _____ Zip Code: _____

Landlord/Property Owner Name: _____

Landlord/Property Owner Contact Information: _____

I reside with family and/or friends and pay \$_____ per month.

OR

I reside at _____ and pay \$_____ per month.
(name of complex)

I am applying for the opportunity to become a Scott County Habitat for Humanity homeowner. I give you permission to complete this form and share information with Scott County Habitat for Humanity concerning my rental history with you.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Landlord or Property Owner – Please answer all questions, even if this is a former tenant. Your complete information is extremely important in our application process. Thank you in advance for your assistance.

1) Please rate applicant's payment history: *(Please select one. Late = more than 15 days past due date)*

_____ Never Late _____ Late 1-3 times _____ Late Repeatedly

2) Is this tenant currently behind on their rent or do they owe back rent? _____

3) If yes, how much do they currently owe? _____

4) Date began renting with you: _____ Date lease ends/ended: _____

5) Amount paid by the above named person \$_____ Amount paid by other source \$_____

6) Do you know the source (ie - Section 8)? _____

7) Other comments: _____

****** Please attach a detailed payment history if possible ******

Authorized Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Email: _____