



## 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** 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. If this has been provided to the same tenant previously, it is not required. For first time tenants, 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:**  \_\_\_\_\_ **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: \_\_\_\_\_

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

- |                                |                               |                                 |                                    |                                   |
|--------------------------------|-------------------------------|---------------------------------|------------------------------------|-----------------------------------|
| <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 |

Total Amount of Rental Assistance Approved: \$ \_\_\_\_\_