



LEECH LAKE TRIBAL ASSISTANCE
Landlord Information Form

This form is to be completed by the owner, manager, or caretaker only. Completion of this form is not a guarantee of rental payment.

General Information

Tenant Name(s), list person(s) who will be responsible for signing the lease agreement.

Street Address of Unit _____ Apt # _____

City _____ State _____ Zip _____ Cty _____

Phone # at rental unit _____ Moving date set _____

Number of Applicants in the unit _____ Number of children in the unit _____

Are you related to the tenant(s) Yes No If so, relationship _____

Swelling Type:

House Duplex Mobile Home Apartment Room BR in Unit

Type of Lease Agreement with Tenant:

Month to month Yearly Seasonal Other, explain _____

Rental Information

Amount of rent paid by tenant \$ _____ per month.

Is the current rent paid? Yes, the rent is paid through _____ No, amount due \$ _____

Is any portion of the rent paid by rental subsidy? Yes, amount of rental subsidy \$ _____ No

If required, amount of damage/security deposit? \$ _____

Has damage /security deposit been paid? Yes No

Please check Yes or NO to the following questions:

Yes No Is there an operable cooking appliance available in the unit?

Yes No Is there an operable refrigeration appliance available in the unit?

Yes No Is there electric service in the unit?

Yes No Is there in-door plumbing in the unit?

Yes No Is there an operable septic system or city sewer available at the unit?

Landlord Information Form Continued

- Yes No Are there operable smoke detectors in the unit?
- Yes No Is there an operable fire extinguisher in the unit?
- Yes No Is there an operable carbon monoxide detector in the unit?
- Yes No Is there an operable heating source in the unit? What type of heat? _____
- Yes No Has the unit been declared unfit for habilitation by an agency or unit of government?
- Yes No Is there separate electrical service?
- Yes No Is there separate heat service?
- Yes No Is the dwelling a separate dwelling from the landlord?

If you have answered NO to any of the above questions, the Tribal Assistance Program reserves the right to deny rental assistance.

Directions to unit (from Cass Lake) _____

Owner Data

Check for rent shall be made payable to _____

Owners Legal Name _____ Phone _____

Owner's Residence/Office Address, include street address, city, state, zip and county:

Owner's Mailing Address, if different from above:

Name of person completing form _____

Title _____ Phone _____

I hereby certify that the above information is complete, true and correct:

Signature _____ Date _____

Agency info _____ Phone _____

Contact _____ Fax _____

Tribal Assistance Use ONLY: Verification of home and land ownership is required to be verified
Accepted Verification Source: County Assessor County Auditor County Recorder

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