

Claim No:

VIOLENT CRIMES COMPENSATION BOARD RENTAL VERIFICATION

This form must be completed by the Homeowner or Landlord and submitted with the Lease Agreement (if available)

(Homeowner/Landlord's name): _____
(Please Print name of Homeowner or Landlord)

(Check one): Residence *Room (*attach current utility statement from landlord with address of residence)

Tenant: _____ Proposed lease beginning on _____
(Renter's Name) (Month/Day/Year)

Address of Rental Residence: _____
Street address City State Zip Code

- Is the renter a family member or friend? Yes No
- Is the renter part of the Housing Voucher Program?
(If yes, please submit the housing voucher statement) Yes No
- Has the renter moved in? Yes No

Monthly Rent: \$ _____

Deposit: \$ _____ (if applicable)

TOTAL: \$ _____ (total amount required to move in)

Amount PAID by renter \$ _____ check money order cash (attach copy of receipt)

Balance DUE Landlord \$ _____ (if applicable)

Homeowner or Landlord's Information

Name (Please print): _____

Address: (Mailing) _____

Telephone No: _____

I declare under penalty of perjury that the information I have provided is true, correct and complete to the best of my knowledge. I also understand that if I have provided information that is false, intentionally incomplete or misleading, I may be subject to fines and/or imprisonment.

Signature of Landlord/Homeowner	PRINT NAME	Date

Important Note to Homeowner or Landlord:

If you are requesting that payment be sent directly to you, please submit a completed W-9 Form with the rental agreement prior to payment. Please send the completed forms to the address below :

VCCB

P.O. Box 110230, Juneau, Alaska 99811

Telephone: 1-800-764-3040

Fax: 907-465-2379