**For** **Administrative** **Use** **Only:** **Received** **by:**

KCR Staff Signature

**Verified** **by:** TELEPHONE CALL

Date

KITSAP COUNTY TAX RECORDS

**LANDLORD STATEMENT**

**LANDLORD** **OR** **AUTHORIZED** **MANAGER:** Please complete all sections below.

**Tenant’s** **Name:**

Names of all adults and children living at this residence: 1. 6. 2. 7. 3. 8. 4. 9. 5. 10.

ADDRESS APARTMENT NUMBER

CITY

**Date** **tenant** **moved** **in:**

STATE ZIP CODE

**The** **total** **rent** **amount:**

**Is** **this** **a** **subsidized** **housing** **unit** **(HUD,** **Section** **8,** **etc.)?** YES NO  If subsidized, the tenant’s payment is:

**Is** **the** **tenant** **behind** **on** **rent?** YES NO **Date** **that** **rent** **is** **paid** **up** **to:**

**Does** **the** **tenant** **work** **for** **a** **portion** **of** **the** **rent?** YES NO

 If yes, the amounts worked off for the last 3 months are:

1. 2. 3.

**Is** **the** **tenant** **responsible** **for** **heat** **costs** **separate** **from** **the** **rent?** YES NO

**The** **main** **source** **of** **heat** **is:** ELECTRIC GAS PROPANE OIL WOOD

**Landlord/Manager’s** **Name:** **Phone** **#:**

ADDRESS APARTMENT NUMBER

CITY

**Landlord/Manager’s** **Signature:**

STATE ZIP CODE

**Date:**