Uintah Basin Association of Governments LANDLORD STATEMENT

THIS FORM MUST BE COMPLETED BY LANDLORD/MANAGER

Date:	Nam	e of Rental Unit:		
Name	of Tenant:			
Ad	dress of rental unit		Apt #	Zip Code
		_ Accrued Late Fees: \$ App Fee \$		Rent \$
Is	an eviction imminent? Y	N Total past due an	nount to avoid eviction	ı:
Ist	Is this a first month rent? Y N Total amount needed to move in: \$			
Do	bes the tenant work for pa	rt of the rent? YN		OFFICE USE ONLYUBAOG:
		ircle) Electricity Gas, Oth (circle) Electricity Gas, Oth		
Is	a portion of the rent desig	gnated to cover the cost of u	tilities? YN	
		Apartment Duple le Home Lot Space	x Basement Apt	Mobile Home
Ye	ar the rental unit was cor	structed	Square footage of un	itso
Nu	mber of Bedrooms:			
Но	w is the home heated? E	lectricity Wood Co	al Propane F	uel Oil Gas
Ar	e you related to the tenan	t? YN		
Landlord n	ame, address & telephon	e number where you may b	e reached during work	ting hours:
Landlord/N	Aanager			Telephone
-		<i>be sent to this address via USPS</i> ved. Please call the Case Manager		understand it can take up to 2 weeks for m payment has been approved.
Landlord	Signature	Date	_	
Office Use	Only:			
Case Mana	ger Signature			Date Form Received
Case Mana	ger Signature			Obligation Date
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We are an equal opportunity provider, any accommodations including auxiliary aids and services are available upon request to individuals with disabilities by calling 435-722-4518 at least 3 days prior to your appointment. Individuals with speech and/or hearing impairments may call the Relay Utah by dialing 711, and/or Spanish Relay Utah: 1-800-346-3162