

PROP
People Reaching Out To Other People
 8080 Mitchell Road, Suite 102
 Eden Prairie, MN 55344
 Phone: 952-937-9120
 Fax: 952-975-0662

Rental Housing Information

I hereby authorize the landlord or authorized representative to disclose housing information to HSSC and its designated service provider(s):

Signature

Date

The information below will be used only in administration of the Emergency Assistance Program and will be available to the recipient upon request.

To be completed by Caretaker or Owner:

Tenant's Name _____

Current Address _____

Type of Unit: _____ House _____ Apartment _____ Duplex/Townhouse

1. On what date did (will) the tenant move in? _____ / _____ / _____

2. How many people live in this unit? _____

3. What is the actual monthly rent for this unit? \$ _____

4. Is the rent subsidized in any way? Yes No

If yes, what does the tenant pay? _____

5. Is the landlord/owner related to the tenant? Yes No

If yes, please explain _____

Money currently owed by tenant:	
Past due rent for month/year _____ / _____	\$ _____
Security Deposit	\$ _____
Other fees (please explain)	\$ _____
Total	\$ _____

If assistance is approved, where should PROP send the check?

Make check payable to :
Address:
City/Zip:
Fax Number:
Phone Number:
Name of person completing this form: (print)

Signature of landlord of authorized representative

Today's date