

**Charles Town Horsemen's Assistance Fund, Inc.  
Landlord Verification Form**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

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To the Landlord/Property Owner:

The above applicant has applied to the Charles Town Horsemen's Assistance Fund, Inc. (CTHAF) for assistance in paying their rent. Please fill out the below information, sign and date the form, and return with a copy of the applicant's lease for verification purposes.

Landlord's Name: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Landlord's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Property Owner's Name (if different from the Landlord): \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

If Landlord is different from Owner, please provide explanation of the relationship between Landlord and the owner.

\_\_\_\_\_  
\_\_\_\_\_

The above Applicant has resided in the rental property since: \_\_\_\_\_

Who else lives with Applicant in rental property: \_\_\_\_\_  
\_\_\_\_\_

The Applicant is obligated to pay \$ \_\_\_\_\_ per month or week (circle one).

The Applicant owes the following for past due rent and late fees: \$ \_\_\_\_\_ is the total due made up of:

\$ \_\_\_\_\_ Rent for the period of time: \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_ Late fees for the period of time: \_\_\_\_\_ to \_\_\_\_\_

**I/We, the Landlord and/or Property Owner of the above reference rental property, under the penalties of perjury, verify that all information provided herein to the CTHAF is true and accurate. I understand that if I provide false information to obtain rental payments that are not due, I will be obligated to return all monies paid and may face both civil and criminal charges for these false representations.**

\_\_\_\_\_  
Landlord date

\_\_\_\_\_  
Property Owner date

