



**Landlord Verification and Agreement for Program Participation**

Tenant Customer Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Please complete the table below indicating the months and amounts past due:

Month	Rent Charge Type (i.e. late rent, late fees, court fees, etc.)	Amount Owed
<b>Total</b>		

**Landlord Agreement:**

***I, (Landlord/organization name) \_\_\_\_\_ agree to accept the amount provided by Lifeline, Inc. for the above tenant to cover expenses back to April 1, 2020. I further agree to not increase the rent costs prior to December 30, 2020 or to evict the tenant for nonpayment for the months covered through this assistance program.***

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email Address