

Family Service
3927 1st Ave S, Billings MT 59103
PO Box 1020 Billings MT 59103
406-259-2269

Deposit Verification Form — Must be filled out with current date and months information

Must be completed by Owner/Legal Property Manager ONLY (Please print clearly)

_____(Tenant Name) is requesting assistance from Family Service to pay a portion of their deposit.
Before we help them, this form needs to be completed by the owner/legal manager of the property.

Name of Owner/Property Manager: _____

Owner/Property Manager Address: _____

Rental Property Address: _____

All Tenants listed on the lease: _____

Date Rent is due: _____ Date of Final Inspection: _____ Tenant move in date: _____

Amount of Rent per month: \$_____ Total Deposit Required: \$_____

Has any of the deposit been paid (Y/N)? ____ If Y, how much has been paid? \$_____

Is tenant section 8 housing (Y/N)? ____ If Y, how much of the rent does the tenant pay? \$ _____

If Family Service pays a portion of the tenant's deposit, when tenant moves any remaining deposit balance will be returned to Family Service.

_____ Signature of Owner/Property Manager	_____ Date	_____ Phone #
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Family Service should make check for deposit payable to: _____

Mailing address to send the check: _____

Tax ID (required to make payment): _____

***The Tax ID must match the name listed as the Owner/Manager. If not a business ID, a SS# can be used.**

I, _____, authorize Family Service to release information to my landlord and for the landlord to share needed info with Family Service.

_____ Tenant Signature	_____ Date
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If Family Service has helped with a deposit, we ask that when the tenant moves out, they return any remaining balance not repaid to Family Service's Rent/Utility Funding so we can continue to help other families.

This form can be emailed to tgriggs@famserv.com