

**Family Service**

3927 1<sup>st</sup> Ave S, Billings MT 59103  
PO Box 1020 Billings MT 59103  
406-259-2269

**Rent 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 rent.  
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: \_\_\_\_\_

Does the Tenant pay heat (Y/N)? \_\_\_\_\_ Is there a separate meter for this rental (Y/N)? \_\_\_\_\_

Amount of Rent per month: \$ \_\_\_\_\_ Total Owed by Tenant: \$ \_\_\_\_\_ Date Tenant last paid: \$ \_\_\_\_\_

Is tenant Section 8 Housing (Y/N)? \_\_\_\_ If Y, how much of the rent does the tenant pay? \$ \_\_\_\_\_

Has this tenant received assistance from any other agencies in the past (Y/N)? \_\_\_\_\_

When and how much? \_\_\_\_\_

If Family Service pays a portion of the tenant's rent and the tenant makes an effort to pay the remaining amount or makes an agreement to pay the balance, it is understood that the tenant will not be evicted for 30 days.

|                                    |       |         |
|------------------------------------|-------|---------|
| _____                              | _____ | _____   |
| Signature of Owner/Property Manger | Date  | Phone # |

Family Service should make check 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.**

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

|                  |       |
|------------------|-------|
| _____            | _____ |
| Tenant Signature | Date  |

This form can be emailed to [tgriggs@famserv.com](mailto:tgriggs@famserv.com)