

Verification of Landlord/Tenant Relationship and Rent Owed (if no written lease)

OHP Member's Name:

Rental Property Address:

Landlord's Name (name where rent is sent):

Landlord's Address:

Landlord's Phone: Landlord's Email:

Landlord's Owns the Property: Yes No Unknown

Landlord is the management company authorized to manage the property?

Yes No Unknown Yes No

OHP Member Move-in Date: Expiration of Tenancy (if any, not required):

Monthly Rent Payment: Rent Past Due:

*Please complete *Past Due Rent/Utilities Worksheet* on back page if multiple months are past due*

Are any utilities included in the rent payment? Yes No If yes, please list:

I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in denial of the application, repayment of any funds received through HRSN Rental Assistance Program, or other remedies available under law, including but not limited to liabilities and penalties under the Oregon False Claims Act.

Signature of OHP Member/Legal Guardian Printed Name of OHP Member Date

I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in denial of the application, repayment of any funds received through HRSN Rental Assistance, or other remedies available under law, including but not limited to liabilities and penalties under the Oregon False Claims Act.

Signature of Primary Leaseholder Printed Name of Primary Leaseholder Date
(if different than OHP Member) (if different than OHP Member)

I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in denial of the application, repayment of any funds received through HRSN Rental Assistance, or other remedies available under law, including but not limited to liabilities and penalties under the Oregon False Claims Act.

Signature of Landlord Printed Name of Landlord Date

Health Related Social Needs Rental Assistance Program

November 2024

Past-Due Rent / Utilities Worksheet

	Month / Year	Past-Due Rent	Past-Due Utilities	Amount Paid by other Program(s)	Total Amount Still Due
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>