**A black background with white spots

Description automatically generatedA black background with a black square

Description automatically generated with medium confidenceLANDLORD ASSISTANCE REQUEST FORM  
(to be completed by Landlord)**

*Tab and type to complete the form*

|  |  |
| --- | --- |
| Tenant Name: |  |
| Address, unit # |  |
| City, State, Zip |  |
| Amount of Security Deposit: | $ |
| Monthly Rent Amount: | $ |
| Tenant Portion of Rent  (if eligible for subsidy): | $ |
| **Total Funds Requested:** | $ |
| **Reason for Request:** |  |
| Owner’s Name (1099 recipient): |  |
| *\* Owner’s name must be the name of person, company, etc. who the check is made out to and who is responsible for the IRS reporting* | |
| Owner’s Tax I.D. or Social Security # for IRS reporting: |  |
| *\*Must match the 1099 recipient* | |
| Owner’s Address: |  |
| Owner’s Phone Number: |  |
| Owner’s email address: |  |
| **Please check all that apply:**  By accepting these funds, I agree to not move forward with an eviction for this household.  By accepting these funds, I agree to rent this property to future EDEN tenants.  By accepting these funds, I agree to rent this property to future EDEN tenants who have been involved in the criminal justice system. | |
| Date and Owner’s Signature |  |
| ***This form must be accompanied by a completed W-9 form and Lease Agreement.*** *See* [*www.EDENcle.org/owners*](http://www.EDENcle.org/owners) *for assistance with completing the W-9 form.* | |

HOUSING RESOURCE & DEVELOPMENT AGENCY

7812 Madison Avenue, Cleveland, OH 44102 | (216)961-9690 | FAX (216)651-4066

ADAHMS CROPPED.bmpShelter Plus Care FAX (216) 651-6692 | www.EDENcle.org | EDENinfo@EDENcle.org

TDD/TTY: 1-800-545-1833, ext. 873

A Contract Agency of the Alcohol, Drug and Mental Health Services Board of Cuyahoga County