**LANDLORD ASSISTANCE REQUEST FORM
(to be completed by Landlord)**

*Tab and type to complete the form*

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| --- | --- |
| 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

Shelter 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