## EDEN LANDLORD DISCLOSURE FORM

As a landlord applying for a subsidized housing program, EDEN Inc. requires all landlords to complete this disclosure form so that EDEN has the appropriate information regarding all landlords. Please complete this form and return it to our office. Failure to complete and return this form will result in your approval being held up.

Do you operate as (check one):	
[ ] Sole Proprietor (just you doing business yourself.)	
Your full legal name Your	Home Address
[ ] Partnership (you and others) - List names on page 2	
Name of the Partnership	# of partners
[ ] Limited Liability Company (LLC) - List names on page 2	2
Name of the LLC	# of Members
[ ] Corporation - List names on page 2	
Name of the Corporation	# of Shareholders
[ ] Other: (please explain)	
Some Landlords may use another name for their business company's name. Do you use a name other than your nan listed above for your business?	
[ ] YES [ ] No IF Yes What Is The Name:	
By Signing Below you are swearing under oath that the abaccurate. Intentionally concealing names of disqualified I in business and/or providing incomplete or inaccurate informative and partners, members, shareholders etc. may result disqualified from our programs and may also expose you	andlords which whom you are brmation regarding business in your being permanently to possible liability for fraud.
I have read the above disclosure form and here the information on this form and the information pages is true and accurate.	

Landlord Name

Date

## YOU ARE REQUIRED TO PROVIDE THE NAMES OF ALL PARTNERS, SHAREHOLDERS, or MEMBERS OF ANY PARTNERSHIP, LIMITED LIABILITY COMPANY OR CORPORATION THAT IS ACTING AS A LANDLORD AND SEEKING SUBSIDIZED PROGRAM PARTICIPATION.

Check One: [ ] Partners [ ] Membe	ers of LLC [ ] Shareholders of Corporation
Full Name	
	Home Address
Full Name	<del></del>
	Home Address
Full Name	
	Home Address
Full Name	
	Home Address
Full Name	
	Home Address
Full Name	
	Home Address
Full Name	
	Home Address
Full Name	
	Home Address