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	ss yourself.)	
Your full legal name	Your Home A	ddress
[] Partnership (you and others) - List name	es on page 2	
Name of the Partnership		# of partners
[] Limited Liability Company (LLC) - Lis	st names on page 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 company's name. Do you use a name othe listed above for your business?		
[] YES [] No IF Yes What Is The Nam	ne:	
By Signing Below you are swearing under accurate. Intentionally concealing names of in business and/or providing incomplete or entity and partners, members, shareholders disqualified from our programs and may all	of disqualified landlords inaccurate information etc. may result in your l	which whom you are regarding business being permanently
I have read the above disclosure the information on this form and 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	
	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