

AFFIDAVIT OF RENTAL ARREARS

I, _____, herein referred to as the "landlord" or "property manager", acknowledge that the lessee whose name and address listed below is currently in arrears:

Lessee Name

Physical Address

Mailing Address

City, State, Zip

The lessee has not paid rent on the property since _____ and therefore, is delinquent in the amount of \$_____. The lessee is obligated to pay _____/month by the 1st or no later than the ____ of each month and late fees of _____/month. As of this date, lessee has failed to pay rent and/or late fees (**court costs are not eligible for payment**) for the following months:

I understand if the lessee has applied for and been approved for Section 8 housing assistance, at any time during this lease period, as landlord, I am responsible for returning funds received. Rental assistance cannot be made on behalf of eligible individuals or families for the same period of time and for the same cost types that are being provided through another federal, state or local subsidy program. Return funds to:

I further understand that the information I have provided is true and correct to the best of my knowledge. Title 18, Section 1001 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Lessor Signature and date

Title

Printed Name

Telephone Number

A copy of the least agreement must be attached.