# Claim No:

**VIOLENT CRIMES COMPENSATION BOARD RENTAL VERIFICATION**

This form must be completed by the Homeowner or Landlord and submitted with the Lease Agreement (if available)

(Homeowner/Landlord’s name):

*(Please Print name of Homeowner or Landlord)*

(Check one): Residence \*Room *(\*attach current utility statement from landlord with address of residence*)

Tenant: Proposed lease beginning on

*(Renter’s Name) (Month/Day/Year)*

Address of Rental Residence:

*Street address City State Zip Code*

|  |  |  |
| --- | --- | --- |
| * Is the renter a family member or friend?
 | Yes | No |
| * Is the renter part of the Housing Voucher Program?
 | Yes | No |
| (If yes, please submit the housing voucher statement)* Has the renter moved in?
 | Yes | No |

# Monthly Rent: $

**Deposit: $ (if applicable)**

**TOTAL: $ (total amount required to move in)**

**Amount PAID by renter $ check money order cash (attach copy of receipt)**

**Balance DUE Landlord $ (if applicable)**

|  |
| --- |
| **Homeowner or Landlord’s Information**Name (Please print): Address: (Mailing) Telephone No: I declare under penalty of perjury that the information I have provided is true, correct and complete to the best of my knowledge. I also understand that if I have provided information that is false, intentionally incomplete or misleading, I may be subject to fines and/or imprisonment. |
|  |  |  |  |
| Signature of Landlord/Homeowner | PRINT NAME | Date |
|  |

**Important Note to Homeowner or Landlord:**

If you are requesting that payment be sent directly to you, please submit a completed W-9 Form with the rental agreement prior to payment. Please send the completed forms to the address below :

# VCCB

**P.O. Box 110230, Juneau, Alaska 99811 Telephone: 1-800-764-3040**

**Fax: 907-465-2379**