



# LANDLORD VERIFICATION

Mailing Address: PO Box 600, Basin, WY 82410

Website: [www.yicanwyoming.com](http://www.yicanwyoming.com)

## To Be Completed by Landlord or Property Management Company

Name of Tenant (As Listed on Lease) \_\_\_\_\_ Number of household members \_\_\_\_\_

Tenant Address (As Listed on Lease) \_\_\_\_\_ Tenant Phone Number \_\_\_\_\_

- Tenant must submit a copy of signed lease to submit with this form and copy of "notice to vacate" if applicable.
- Tenant's applying due to a short-term medical condition, surgery, maternity leave, caring for sick child under 18, which has or will keep the tenant from working and has with no paid time off work for a period **6 weeks to no more than 3 months**, in addition to lease agreement please attach a letter/return to work slip from a physician to be considered for more than one month of assistance. **DO NOT SUBMIT ANY MEDICAL RECORDS.**

The tenant listed above has requested financial assistance with rent, deposit, or eviction prevention from Yellowstone Country Assistance Network. In order to provide this assistance, Yellowstone Country Assistance Network verifies the tenant's relationship with you and that you have the legal right to rent property listed on this document. **This form is not a guarantee of payment.** Any assistance approved and provided is intended to directly benefit the low-income tenant, not the landlord/company. **Assistance is available one time per year per household not to exceed two times in five years.**

If the tenant is approved, our partners from Align in Cheyenne, Wyoming will contact you to make payment arrangements that go directly to the landlord/company on the tenant's behalf. There are two payment options. First (1st) payment by check, checks are issued on Friday of each week (excluding holidays) they may take 10-14 business days to arrive depending on where they are going. Second (2nd) payment by ACH transfer which an electronic, bank-to-bank transfer which is deposited directly to your account on Friday, if you choose this option, you will need to provide Align with your account information when they contact you for payment arrangements.

**THIS IS NOT A CONTRACT OR A LEASE.** Be sure to read this form carefully before completing and signing it. Anyone who makes false statements to obtain or help another person obtain assistance, for which they are not eligible, is subject to the penalties under the laws of the State of Wyoming. Completion of this landlord verification is required to be considered for housing assistance from Yellowstone Country Assistance Network.

Name of person/or company to issue check: \_\_\_\_\_

Phone Number of Landlord: \_\_\_\_\_  Check or  AHC Payment

Address to Mail Check: \_\_\_\_\_

Amount to be Issued: \$ \_\_\_\_\_ Is Rent Past Due?  No  Yes, # \_\_\_\_\_  Days  Months past due

Have you issued the tenant a "notice to vacate"?  No  Yes, \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Notice to Vacate Issued.

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM and LEASE or NOTICE TO VACATE (if applicable)  
MUST BE SUBMITTED AT THE SAME TIME AS THE APPLICATION FOR ASSISTANCE  
IN ORDER TO BE CONSIDERED FOR HOUSING ASSISTANCE**