



# Lower Elwha Klallam Tribe Social Services Departments **LANDLORD STATEMENT FORM**

**Own**                       **Rent**

**\*\* If you own your home, please mark your own and complete and sign this form.**

**THE FORM MUST BE SIGNED BY THE LANDLORD**

Tenant Name (First Name, Middle Last Name, Suffix)			
Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Phone #	Alternative Phone #	Email	

**HOUSEHOLD COMPOSITION: All household members whom you are applying must be identified**

Name	Date of Birth	Relationship to HOH

Date moved in \_\_\_\_\_ Monthly Rent \_\_\_\_\_ Client Rent Amount: \_\_\_\_\_

**Rent includes the following:**

Electricity       Garbage       Propane/Fuel       Water       Other:

**Main Heating Source:**  Electric       Wood       Propane       Other:

Landlord Names			
Mailing Address	City	State	Zip Code
Phone #	Fax #	Email	

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Date