Consolidated Homeless Grant

Certification of Payment Obligation/Potential Eviction from Friend or Family

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Housing Status** (check one) | | | | | | | | | | |
| Applicant already lives with friend/family and is being evicted  *Complete all sections below.* | | | | | |  | | Applicant is moving in with friend/family  *Complete sections 1-5 below.*  Move In Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
|  | | | | | |  | |  | |  |
| 1. **Client Information** | | | | | | | | | | |
| Name |  | | | | | | | | | |
| Phone |  | | | Email |  | | | | | |
| Address where applicant is staying or will stay | | | | | | | | | | |
| Street |  | | | | | | | | | |
| City |  | | | | | | State/ZIP Code | |  | |
| 1. **Friend/Family Information** | | | | | | | | | | |
| Name |  | | | | | | | | | |
| Phone |  | | | Email |  | | | | | |
| Address where rent payment should be sent | | | | | | | | | | |
| Street |  | | | | | | | | | |
| City |  | | | | | | State/Zip Code | |  | |
| 1. **Rental and Payment Information** | | | | | | | | | | |
| Agreement End Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(enter date) **OR**  Month-to-Month Agreement | | | | | | | | | | |
| **Amount of Payment Required** | | | | | | | | | | |
| **Past Due** | | | | | | | | | | |
| Rent | | Total amount past due | | | | |  | | | |
| Months for which payment is past due | | | | |  | | | |
| Utilities | | Total amount past due | | | | |  | | | |
| Months for which payment is past due | | | | |  | | | |
| **Current or Anticipated** | | | | | | | | | | |
| Rent | | Monthly Amount |  | | | | | | | |
| Utilities | | Monthly Amount |  | | | | | | | |
| **Complete the following for utility payments** | | | | | | | | | | |
| Utility provider | |  | | | | | | | | |
| Account number | |  | | | | | | | | |
| 1. **Client Certification** | | | | | | | | | | |
| I certify that the above information is true and accurate to the best of my knowledge. | | | | | | | | | | |
| *Client Signature Date* | | | | | | | | | | |
| 1. **Friend/Family Certification** | | | | | | | | | | |
| I certify that I will accept the above payment(s) to provide housing for the applicant. I am not in the business of rental real estate as defined in the [Landlord Tenant Act](http://apps.leg.wa.gov/rcw/default.aspx?cite=59.18), however I do provide safe and habitable housing. | | | | | | | | | | |
| *Friend/Family Signature Date* | | | | | | | | | | |
| 1. **Friend/Family Certification of Eviction (*Required only for clients being evicted*)** | | | | | | | | | | |
| I certify that I will evict the applicant within 14 days if I do not receive the above payment(s). | | | | | | | | | | |
| *Friend/Family Signature Date* | | | | | | | | | | |
|  | | | | | | | | | | |